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ABSTRACT

This study of family preservation projects was initiated in order to have a clearer understanding of the ways in which local agencies collaborate to help families maintain a nurturing home and avoid out-of-home placement for children, and how school-age children are helped to remain in their homes and communities. An attempt to identify projects entered into by county social service agencies in Minnesota on behalf of school-age children through interagency agreements received 45 responses. Thirty-one that had been implemented for at least 6 months were selected. After telephone interviews with representatives of these projects, seven were selected for on-site focus group discussions. The evidence from this study indicates that families benefit from a more coherent approach to providing services. Although the number of agencies with which families interacted was not reduced, families often received more services in a more coordinated fashion. It has been difficult for the agencies to form these projects in the face of different eligibility standards for reimbursement and competing philosophies of family preservation, but it is apparent that family preservation programs can go some way toward easing the lives of multi-problem families. Appendixes contain interview questions, eight charts of study information, and a prototype program. (SLD)

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FROM THE SAME SHEET OF MUSIC

A Study of Family Preservation Integration Projects for High-Risk, School-Age Children and Their Families in Minnesota

by Esther Wattenberg
assisted by Wendy Baker, Peter Brandenhoff, Elaine Madigan, and Mary Kaye Weller

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Esther Wattenberg

July 1993

COMMENTS FROM THE FRONT LINE

"The best part is working together for the families and children."

"...projects are small beams of light thrown onto the landscape of a dense, intricate network of proliferating programs."

"It takes a lot of time and energy to learn to sing from the same sheet of music."

"The best part of integration programs is to give the family some respite from the chaotic assortment of agencies they are supposed to respond to..."

"These are our children and our families. They do not belong to any one agency."

"A wild, blue yonder theoretical approach that has nothing to do with the red claw savagery of trying to keep alive at the local level..."

"Familiarity does not breed cooperation."

"...being asked to do more with less."

"More talked about than funded."

"When budgets go down, the rhetoric on integration goes up."

"There's less here than meets the eye."

"It is extremely important to fund projects beyond the demonstration stage."

"No one has quantified the time in telephone tag among collaborating agencies."

"Planning can go on endlessly. There is never a perfect plan that is developed. One has to plunge in and then repair program problems and respond to them as one goes along."

"The prohibitive cost of psychiatric residential treatment programs reminds everyone of the value of these programs."

"Getting everyone to have the same investment in the project is the most frustrating thing I've ever done in my whole life...never realized how much work it takes to get everyone's blessing...in the end though, the most satisfying thing I've ever done..."

INTRODUCTION

This study of family preservation integration projects was initiated in order to have a clearer understanding of the way in which local agencies collaborate to help families maintain a nurturing home and avoid out-of-home placement for their children, and how school-age children are helped to remain in their homes and communities. Many families with school-age children in need of services are involved in more than one service system. The result is competing service plans, service overlap, and impenetrable bureaucratic complexities for families.

Integration projects have been established in a number of counties to try to address this fragmentation. Funding for these projects has been patched together from a variety of sources. In 1990, the Minnesota Legislature appropriated funds to the Department of Education, and six communities received funds for cooperative projects. In 1991, the Minnesota Department of Human Services, with an initiative funded by the legislature, awarded three grants to county social services to stimulate interagency collaboration. In some counties, collaborations had already been initiated with funding from various sources such as the Handicapped Children's Act, Title XX, corrections, and local funding from county general funds.

This study is intended to throw some light on how counties implement these initiatives and to discover how to strengthen the concept in order to improve responses to high-risk, school-age children and their families. As the following pages indicate, there are problems with integrated projects that remain to be solved, but they do appear to benefit the families, even at this exploratory stage.

The Study

A request bulletin to participate in the study (#92-68H, June 1992) was issued by the Minnesota Department of Human Services to directors of county social services and social services supervisors. The request sought to identify projects entered into by county social service agencies on behalf of school-age children through interagency agreements with local school districts, courts, law enforcement agencies, jobs and training, public health agencies, or mental health providers. Forty-five responses were received that met the following criteria:

- The county social service unit was involved in a collaborative project with the school district and one or more of the following agencies: corrections, mental health, public health, and jobs and training. In one case, the school district was not involved.
- A formal agreement had been reached that gave some broad guidelines for the inter-agency agreement.
- School-age children were the target population.

The thirty-one programs that had been implemented for at least six months were selected.

Representatives of five community agencies interested in integration issues were assembled and they provided suggestions for a telephone interview questionnaire. The questionnaire, as developed, covered: program description, initiation circumstances, management arrangements, front-line practitioner observations, and a section of open-ended questions regarding the experience of initiating and implementing an integration project (see Appendix A). The questionnaire was pre-tested and revised. Three graduate students from the School of Social Work conducted telephone interviews lasting from forty-five to ninety minutes. These took place throughout July, August, and September, 1992.

In the second stage of the study, seven projects were selected for on-site focus group discussions to provide a more detailed understanding of the collaborative process. These projects had strong, stable programs. They had developed procedures and mechanisms to reinforce a model of integrated services. The selection was arbitrary and a number of projects might just as easily have been used as "exemplary" projects. We were constrained by time to a narrow selection.

The data for this study are the thirty-one structured interviews and seven case studies. The interpretation of the data is strictly that of the principal investigator and does not necessarily reflect the opinions of the Minnesota Department of Human Services.

Background

The idea of "program coordination" or "integration" has taken on a new significance in the last few years. Escalating caseloads and shrinking resources have forced us to consider a re-appraisal of our human service systems. There is broad agreement that comprehensive, community-based systems of social care are required to meet the multiple needs of children and families identified as "at risk." Further, it is widely understood that a comprehensive and integrated system of services does not exist. Consequently, we have entered into a period of demonstration projects, initiatives, probes, and analytical studies to answer the call to change, fundamentally, the way services are designed and delivered.

The problems are exhaustively defined: rigid, categorical systems result in fragmentation, overlap, duplication, and inappropriate responses to children and families. Moreover, the disconnected proliferation of program initiatives issuing from the child welfare, mental health, education, health, and juvenile justice systems, and the programs from the new offices of drug abuse prevention have resulted in a dense thicket of innovative programs with rapid start and stop time frames that confound both the practitioners at the local level and the families they serve.

A rational plan for structural agency change at the federal and state levels to answer the political call for change has yet to emerge, but language has appeared to conceptualize the direction that must be taken. "Cooperation," "collaboration," and "integration" are, to some extent, used interchangeably. There is, however, a beginning understanding that there is an ascending ladder of commitments associated with these terms. "Cooperation" can be identified as working together toward the idea of a common goal; "collaboration" implies a tangible commitment of resources based on trust among the participating agencies; "integration" denotes bringing all the components together across organizational boundaries in a free-standing program anchored in a unified approach, supported by pooled resources, and a comprehensive plan at the service level for the child and the family.

In this early period of the integration movement, which emerged in the 1980s, improving linkages among systems concerned with school-age children and families emerged as a distinct focus.* School-linked projects are currently underway around the country attempting to demonstrate "one-stop shopping," co-location, and case management strategies. There are both federal** and state initiatives.

In Minnesota, the 1990 legislature designated funding for demonstration projects to encourage community agencies to come together with schools to plan and implement comprehensive programs for high-risk children.

The profile of "high-risk" children spans a litany of problems which could impede children's healthy growth and development. School dropouts, those who have failed in school, and those who have been excluded or expelled from school are termed "high risk." The profile could also include homeless children and those living in poverty, neglect, and with substance-abusing family members. Children who have experienced mental health problems, physical, sexual, or psychological abuse, and who may have attempted suicide are part of this troubled profile. Children who have committed a delinquent act or a violent crime are identified as "high risk." Finally, adolescent pregnancy and drug or alcohol abuse are also identified as conditions of "risk." Clearly, the legislature intended to cover a broad range of vulnerable students.

At the same time, there was recognition that an unfortunate structural cleavage existed between the school system and the child welfare system. Each system was limited in the range of school-age children and families they could serve because of resources, eligibility restrictions, and reimbursement procedures.

School social workers, funded chiefly under the All Handicapped Children Act of 1975 (P.L. 94-142), were limited to serving families with handicapped problems in special education programs. The traditional role of the field of school social work to serve all children had diminished sharply under repetitive budget cuts. Child welfare workers, under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), chiefly served seriously maltreating families whose children are at risk for out-of-home placement or have already been removed. Neither group had the mandate or the resources to do outreach for prevention services.

Against this complexity of agency domains, each with their own mandates, procedures and budget constraints, yet often serving, independently, the same families, the call for "re-inventing" social services to families and school-age children has resulted in a profusion of demonstration projects. What follows are findings from a sample of projects in which county social services were primarily involved in collaborative arrangements.

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* See, for example, *The Future of Children: School Linked Services*, Vol. 2, No. 1, The David and Lucille Packard Foundation, Center for the Future of Children, Spring, 1992; Atelia I. Melaville and Martin J. Blank, *What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services*, Washington, D.C.: Education and Human Services Consortium, 1991; Sheila B. Kamerman and Alfred J. Kahn, *Social Services for Children, Youth and Families in the United States*, Columbia University School of Social Work, The Annie E. Casey Foundation, June 1989.

** See, for example, the Child and Adolescent Service System Program, CASSP, National Institute of Mental Health, and the Federal Drug Free Schools and Communities Act, P.L. 101-647.

PROGRAM DESCRIPTIONS

Thirty-one programs surveyed by our questionnaire can be grouped into six categories according to both sources of funding and each program's self-described label. The categories are children's mental health (nine projects), day treatment for emotionally disturbed children (seven projects), high-risk families (seven projects), children with disabilities (four projects), delinquency (two projects), and dropout prevention for high school students (two projects). (See Appendix B for a list of each of the project's goals, participants, and features.)

Three characteristics were widely shared among the projects. They had a deep concern for school-age children in high-risk families, a strong interest in a family preservation orientation to reduce out-of-home placement, and a commitment to the pivotal role of county social services in meeting the needs of children and families.

Typically, services provided included: in-home family counseling or therapy; parent education; supportive home visits; crisis intervention; behavior management planning; consultation with school, recreation, and other community programs; twenty-four-hour on-call services; and service coordination and advocacy.

Caseloads were small, typically not more than six families. Services were time-limited, usually up to six months, with reauthorization as needed. The staffs of integrated projects were, for the most part, on leave from their home agencies. A few were "new hires" for the projects.

The most common model was case management. Ideally, a lead person was assigned to help families locate whatever services were needed to keep children living successfully with their families in the community. The pivotal role of a staff person, sometimes designated as "family worker" or "family therapist," was acknowledged as a core item in strong programs. This relatively new role in staffing patterns was occupied by a person trained in crisis intervention, intensive home-based services, and advocacy. He or she typically had a good knowledge of community resources and used an empowerment/teaching model and a hands-on approach to problem solving. Many projects allowed the family to choose the staff person from among the collaborating agencies for their principal social service worker. In some cases this was the school social worker; in others, it was the special education teacher, the family therapist, or the county social worker. A few projects had a structured plan to assess what services were needed by the family. These had a "roundtable" which included all the agencies, family participants and, from time-to-time, the active involvement of the child.

Data were generally shared among the collaborating agencies. Participants were routinely asked to sign information release forms, and generally did so. This appears to have given permission for case information files to be shared. However, information from community corrections departments and child protection units was usually restricted, and what could be shared among these agencies and the school districts was negotiated. Only one project had developed a unified database, using lap-top computers, with levels of restriction that had been worked out at the administrative level.

About a third of the programs had an independent, free-standing, clearly identified project located in a neighborhood or near a school site, with an office clearly marked. The remaining programs had space in an existing office.

CONFRONTING THE ISSUES:

OBSERVATIONS FROM THIRTY-ONE INTERVIEWS

Although the thirty-one programs reviewed for this study were at different stages in their development, a number of common issues emerged from the interviews. These concerns, which include issues of leadership, planning, fiscal matters, and implementation, are summarized in this section. Seven case studies which enlarge on these issues are presented in the next section. In attempting to understand the issues raised by the study, it should be kept in mind that the programs, as demonstration projects, were still evolving. They were all in the process of testing, modifying, and searching for alternative procedures.

Leadership

An individual assuming a leadership role was an essential component in getting every program off the ground. When the participants were asked to look back on the project during the interviews, they commonly agreed on who it was that provided the spark, the initiative, the energy for their project to spring into action when funding was made available. Typically, it was a person who had the respect of colleagues, who had some authority to negotiate, and who had access to higher administrative authority. Most of the people taking a leadership role came from the supervisory level of county social service units. This leadership continued to be important throughout the project.

Planning

The planning time for the collaborative programs varied from three months in the first year of a grant award to "at least a decade," as one respondent reported. Most felt that a six-month period was generally adequate to conceptualize the working agreements and define them in written form. Projects with a history of some kind of cooperation had shorter planning periods. Developing trust among participating agencies moved at a rapid pace when there was a history of informal networking. This was true, for instance, in small counties where agencies worked in close proximity and were used to sharing information and collegial expertise. In larger counties, where there were more differences in orientation and professional language, and mandates were reinforced by distant, formal relationships, developing a problem-solving partnership took more time.

The programs in this study experienced a number of problems during the planning stage. Arriving at a common philosophy or vision for a project was a painstaking process. Collaborating agencies gave perfunctory commitment to principles of early intervention, home-based services, and family preservation. Nevertheless, the juvenile justice and corrections systems often did not share a

family preservation perspective. For instance, corrections departments were generally reluctant to embrace the notion of a delinquent child being maintained in the home and the community, while social service and mental health agencies were more willing to take this risk.

Even when the commitment to the broad principles was present, staff had to struggle to leave the "socialization" of their particular agencies. This was evident in differing behavioral assessments of families and of their capacity to change, especially when abuse, violence, and mental illness were among the risk factors.

Differences also emerged during the many specific planning tasks that must be accomplished. These included reaching a formal agreement, identifying clients to be served, designing the program, selecting front-line workers, determining their involvement and role, providing training, negotiating common personnel practices, agreeing on eligibility requirements and accountability procedures, and establishing a structure for communication between administrative and program levels.

Particularly challenging was the crucial task of clarifying the role each agency would play. Often, collaborating agencies duplicated services to some extent. They had to decide who would be responsible for providing which services under the collaboration. In other words, each agency had to "find its niche."

Communication was sometimes problematic. On some occasions, agreements made at the top level were not communicated to the mid-management or front-line levels. As a result, for instance, the identification of the range of services at the front-line level sometimes exceeded budgetary allowances made at the executive level. The reverse was also true. In some instances, agreements were never reached at the top level, and front-line staff were left to wrestle with problems on their own.

There were also some occasions where personality differences or a lack of genuine interest in a collaborative venture resulted in turf disagreements that could not be resolved.

Despite these problems, these programs received critical support in their planning process from school board members and county commissioners who saw preventing out-of-home placement as a fiscally prudent strategy.

Fiscal Matters

Generally, the chief dollar contributions for the programs came from either the school districts, through special education budgets, or from county social services, through federal Title XX (the Social Security Act) funds and the Community Social Services Act. In only ten projects did each participating agency make dollar contributions from their general funds or discretionary budget lines. More typically, the majority of agencies contributed in-kind contributions of staff time, supervision, space, and materials. In a few projects, community corrections departments made a dollar contribution, three projects are pursuing funds through Title XIX (Medicaid) for mental health services, and one project was funded by a foundation grant.

This uneven combination of dollars and in-kind contributions resulted in implementation problems. This was most evident in both a lack of flexible funds for discretionary uses such as rent deposits, telephone, fees for recreation, and transportation, and a blizzard of paperwork to satisfy accountability requirements. Pooling resources to create an independent project budget is generally

accepted as a preferable financing method for integration projects. A mutual independent fund allows a consistency of action across agency lines and fosters equality among the agencies. Only one project in this study had a budget that stood on its own, and that project was funded by a foundation grant.

Insufficient funding was a pervasive concern and consumed large amounts of staff time and energy. Funds were insufficient to extend programs to surrounding counties, to hire staff, especially family therapists, even to provide basic services such as housing and transportation and to serve additional eligible clients. It was almost impossible to encourage participation of clients who were in need of services but were just above the income guidelines. This made it difficult, as one respondent said, "to be proactive and preventative." The following comments from project directors were typical of responses regarding funding:

"The state expects more and more for less and less."

"The state is requiring eight discreet services for children's mental health, and has not provided sufficient funding for all of these."

"Big directions, stern rebukes....A lot of responsibility, but not a lot of power...."

Finally, the short-term nature of funding for demonstration projects created difficulties. In many cases, funding was awarded on an annual basis. Worry about reapplying absorbed time that should have gone into project development. Writing grants and soliciting funds usually fell into the hands of already overburdened staff. In fact, funding issues were such a major concern in the planning process that time was insufficient for attending to program issues such as service delivery.

Not only was short-term funding for demonstration projects inefficient, but it also gave the projects an aura of being a "fad." It constantly raised the question of the state's real commitment to integration services and contributed to staff cynicism and "burn out." Indeed, a pivotal question was raised: are demonstration projects truly "demonstration" of a bold, new idea, or are they short-term palliatives, thus delaying or avoiding real, systemic changes?

Implementation

The case management model used in the integration projects appears to have provided advocacy and a unified approach to the family. Case reviews, training, and staff meetings are all activities which were useful in achieving an integrated approach.

Nevertheless, problems regarding implementation became evident in the course of this study. Most frustrating and troublesome was the variety of eligibility qualifications for reimbursement which had to be accommodated among the participating organizations.

County human services and the local school districts each have separate funding sources. The organizations receive reimbursement for the services they provide to clients from these funding sources, which may include federal and state revenues to counties under Title XX of the Social Security Act, Medicaid, state and federal special education funds, local school funds, local county and nonprofit social service funds, and funding from various experimental initiatives such as drug prevention projects. The various funding sources base their reimbursement on different criteria for eligibility. For instance, one funding source may require a label of Severe Emotional Disturbance (SED), with its own set of defining criteria, and another funding source may require a label of

Emotional or Behavioral Disorder (EBD), with a somewhat different set of defining criteria.* (See Appendix C for chart illustrating the overlap in language.)

Even though the labels may have little clinical meaning, staff had to make sure they used the correct labels. Indeed, a good deal of discussion time was required to determine which eligibility definitions were appropriate in order to gain access to funding. A good deal of time was also spent on paperwork to provide the separate documentation required by agency budgets. State and federal reimbursement regulations also added complications when they were inconsistent with local needs. For instance, respite care was unavailable to families with severely troubled children because of tightly drawn reimbursement restrictions, even when the service was critical. The differences in eligibility requirements also raised the incidental question of the potential harm to clients of negative labels. One observer noted that they "have to label these kids for reimbursement purposes. It is a terrible thing to do."

In summary, real, concrete integration of different agencies' services into a unified project was difficult to achieve because the drive for accountability reinforced a separate identity for each agency in the collaboration. The collaborative nature of the projects also required considerable staff time for communication. There are simply more people in a collaborative venture who have to be apprised of reports, case reviews, and so on. This eroded the amount of time available to engage families in a participatory casework process.

Service plans which had to accommodate court orders were restricted in their options for a comprehensive plan. Intensive in-home services as a plan was often compromised by a court orientation toward removing children and placing them in a restricted, supervised setting.

Each project noted a particular set of services that were needed to support a comprehensive plan but were not available. These varied from project to project, but included: housing and safe housing; day treatment for emotional or behavioral disorders; chemical dependency treatment, especially day treatment for mothers of young and school-age children; shelters for women in domestic abuse situations and homeless people; transportation; general and specialized child care; health care; family planning; prevention services; respite care; recreation; furniture; Big Brother and Big Sister monitoring activities; paraprofessional homemaker services; self-help groups for families; and family therapists. Although the family therapist component is crucial to a family preservation focus, family therapists were in short supply in many areas. In some cases, even though services

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* A child with "Severe Emotional Disturbance" (SED) is defined in a diagnostic assessment by a mental health professional as a child who has met several criteria indicating a lasting condition of severe disturbance. Among the criteria: a psychosis or clinical depression; significantly impaired functioning that has lasted at least one year at school, home, and community (M.S. 245-4871, subdivision 6). Children under this definition are eligible for case management, community support services, and day treatment within a "unified, accountable, comprehensive children's mental health service system" coordinated with departments of education, human services, health, and corrections (M.S. 245-487, subdivision 3).

Among the criteria for defining a child with "Emotional or Behavioral Disorder" (EBD), M.S. 120.17, subsection 3525.1329, are severely aggressive or impulsive behavior, depression or wide mood swings; significant impairment resulting in a pattern of failure to attain or maintain a satisfactory rate of education progress; and that these have been in evidence for six months; or occur suddenly as a crisis of such intensity it results in imminent danger or harm to the pupil or others.

For children with SED, the funding typically comes from local county social services, general state revenues to counties under Title XX, and Medicaid. For children with EBD, the monies are patched together from special education funds that are state and federal, with some monies contributed from local school funds.

Minnesota's Comprehensive Children's Mental Health Act of 1989 was intended to create a unified system. See "Children's Mental Health" an overview of the 1989 Children's Mental Health Act, Minnesota Department of Human Services, Mental Health Division.

were available, they were not available within a reasonable distance. The small counties were especially lacking in resources for transportation, mental health care services, and day treatment.

There were also problems associated with data. Only one project had a data system in which the data from the participating agencies were integrated into a unified system. There was concern that because updating data in a unified system was difficult, it would be neglected and thus unreliable. The one project that did have a unified data system had an extra grant for this purpose. Furthermore, automation of data was uneven among the participating agencies, causing problems in sharing information.

Evaluation

Evaluations of projects were rare because the budgets for this component were insufficient or missing. Staff for this function were generally not available. As a result, data on project successes remain anecdotal.

CASE STUDIES OF STRONG PROGRAMS

The following detailed descriptions of the seven case studies conducted as part of this larger study illuminate the issues outlined earlier.

Benton County and Stearns County: Benton-Stearns Day Treatment Program

Collaborating Agencies

Benton County Social Services
Stearns County Social Services
Central Minnesota Mental Health Center
Benton-Stearns Special Education Coop

Description and Origin of the Project

This project is designed to provide a combination of academic and therapeutic services to children, fourth through twelfth grades, who are known to have a combination of school failure symptoms, including truancy, disruptive behaviors in the classroom, and poor academic skills. Moreover, their families are generally known to be in need of multiple social services. The project provides individual attention to each student with academic and therapeutic services, supports a transition back into mainstream classrooms, and works intensively with families. The maximum enrollment in this intensive services project is thirty-two. The staff ratio is 1 student to 2.8 staff.

The project has its own building, purchased by special education funds. Individual and group counseling sessions are conducted on-site during school hours. Family therapy also occurs at the site during school hours and after hours, and families make a commitment to weekly attendance. The program also arranges for summer employment of youth who participated in the day treatment program.

Parents are involved in this program from the beginning, when they participate in an intake meeting which follows the referral (usually the referral is from a teacher, occasionally from a school psychologist/social worker or probation officer). Most participating families are voluntary. Only a few are court-ordered. The intake meeting is inclusive, with the child, teacher, therapist, psychologist, and social worker present. Six to eight people may be present at this meeting inaugurating a six-week assessment period. Participants stay in the program from twelve to eighteen months, with structured periodic reviews and a good deal of informal exchange among the staff monitoring the progress of children and their families.

The idea of a collaboration among Benton County Social Services, Stearns County Social Services, and Benton-Stearns Special Education Coop grew from the mandate in the Children's Mental Health Act which directed the development of a day treatment program for children and youth to reduce the number of severely emotionally disturbed children placed in residential treatment centers. It was understood that the intensive services to be offered by the program would require a collaboration between the schools and the social service agencies. The incentives for both systems were primarily their commitment to maintaining children with their families, and their concerns with the cost of out-of-home placement. Reducing the cost of out-of-home placement for both county social services and special education has given this program strong administrative and political support.

Talks began in 1984, and by 1986, Benton and Stearns counties had developed a joint powers agreement with school districts in their geographic area to achieve the interagency collaboration necessary for a day treatment center. Central Minnesota Mental Health Center became a contracting agency to provide therapeutic services to emotionally disturbed children. The program first began in secondary schools and later expanded to include elementary school children. Schools pay for their portion from special education funds and counties provide services from Title XX and state allocations from the Community Social Services Act.

What Makes This Project Work?

This program is a pioneer in collaboration among three human services systems: education, county social services, and mental health. Thorough planning was instrumental to its success. From the beginning, each system made a fiscal contribution. The "turf" issues between two counties and six school districts were settled by administrators of these systems and written into a joint powers agreement. This preceded the implementation of the day treatment program. While each system had a stake in a collaborative arrangement, cost allocations, reimbursement schemes, and management issues had to be resolved. With these issues settled, the staff of the day treatment program felt free to concentrate on making the program work for children and their families.

Another factor in the program's success is the strong history of the two counties working together. Further, the professional intimacy of the staff, from the director of the program (special education), the liaisons to the counties (social workers from county social service agencies), and the family therapists provide an informal networking for problem-solving with minimum bureaucratic barriers.

Flexibility, strong supportive relationships between staff and students and their families, and close monitoring of the students' progress are distinguishing characteristics of this program. Each of the components appears to be ready to change, if needed, based on shared information and a strong interest in improving the program as it matures. Illustratively, boys were the primary participants in the early years, because their behavior was typically aggressive and disruptive. Staff were quick to observe that the reason girls were not referred was because their behavior did not disturb the classroom. Emotionally distressed girls often exhibited silence, which masked depression. When this was acknowledged, more girls were referred to the program.

A shared vision by the collaborating parties is also helpful. All participants agree with the basic concept of a unified family and child assessment and treatment plan. On occasions when it is a struggle to arrive at a consensus, time is permitted for clarification.

Another strength of the project is the staff attention given to the critical stage of student reentry into mainstream classes. This can be a difficult time since teachers sometimes resist the return of a child who has caused problems for them. Thus, the follow-up through this part of the process is very helpful in making the program work.

The comprehensive nature of the program has simplified families' involvement in receiving services. When a student is referred to the Benton-Stearns Day Treatment Program, "all others clear out," as one respondent put it. In a sense, multi-problem families now relate chiefly to the program staff. Children have both therapeutic and educational issues coordinated in one plan and parents deal chiefly with the family therapist attached to the program.

The special blend of staff expertise provides a satisfactory experience for all participants. Students are in a supportive and encouraging environment. Families deal with one agency. School districts trust the program's services, which are cost-saving and provide alternatives to mainstream classes. Counties are impressed with cost-savings. The staff has the satisfaction of seeing students and families progress in a positive way.

Data sharing is not a problem. Families sign information release forms and each participating agency shares information at weekly review meetings and supervisory sessions. The front-line staff meets weekly, while mid-management and executive staff meet two or three times per quarter.

Transition plans are carefully developed in this program. Referral for ongoing therapy in a six-month review after students leave the program is accepted as an important feature of long-term concern for the students.

Problems to be Solved

Sorting out diagnoses, reimbursement, and allocations of cost remain perplexing issues for collaborative programs. Both school districts and county social services must do their own assessments, duplicating efforts and wasting time. In addition, the effect of these heavy duty labels on children is detrimental. (See p. 10 for fuller discussion of this issue.)

While "teaming" is a valuable concept to attain a unified understanding of the student and family, the cost in time and effort is severe. At a minimum, six people have to confer before a pivotal decision is reached, and this shared approach to services is difficult to arrange in a timely and efficient way.

Some services that are essential for day treatment are not always available. These include respite care, a parenting education component for families with young children, and a core of well-trained family therapists.

While probation officers are committed to the concept of maintaining children with their families, they are minimally available for the informal networking that provides the basis of effective information sharing.

Careful and detailed work has to accompany the re-entry of students into the mainstream classroom. Teachers and principals often resist the re-entry of a student where the memory of trouble is still strong.

The evaluation criteria of "success" for the program's effectiveness is yet to be developed.

A viable vocational program for sixteen-year-olds is not yet in place. Vocational plans only kick in when the student is eighteen, and this leaves older students (sixteen and seventeen years old) in limbo.

Aftercare for delinquent children who return to the community from correctional facilities is not in place. These children usually end up at the Area Learning Center, an alternative school which cannot provide the comprehensive array of services associated with the day treatment program.

Conclusions

This spirited, highly motivated staff representing three different systems has a strong commitment to making this program work effectively for children and families. The early struggles over issues such as budget, referrals, and assessments have abated. Now the program concentrates on "quality" services. Family therapists and school liaison personnel have been added to the staff. The decision to make the additions arose from a unified concern that these areas of the program needed strengthening.

This intensive effort to work with children exhibiting serious emotional problems and from a range of families (from functional, stable two-parent families to high-risk multi-problem single parents) requires a high staff-to-client ratio. This circumstance, along with a program that is small in size (thirty-two participants), provides the intimacy, informality, and flexibility that encourages a responsive interest in every child and family that becomes a participant. The committed relationship between the staff and the child is pivotal to the success of this program.

Participants in Focus Group Discussion

- Janine Dahms Walker, Benton-Stearns School District
- Bruce DeGrote, Supervisor, Benton County Social Services
- Marlene Grindland, Program Director, Benton-Stearns Day Treatment Program
- Cindee Koll, therapist, Benton-Stearns Day Treatment Program, and Central Minnesota Mental Health Center
- Kyler Meers, Stearns County Social Services
- Robbie O'Brien, school social worker, Benton-Stearns Day Treatment Program
- James Prijatel, Central Minnesota Mental Health Center

Cass County:
Cass County Integrated Services Project

Collaborating Agencies

Cass County Social Services
North Pines Mental Health Center
Walker/Hackensack/Akeley School District
Pine River/Backus School District
Cass County Public Health
Cass County Probation Department
Leech Lake Reservation Family Services

Description and Origin of the Project

This project, located in a northern community close to the Leech Lake Indian Reservation, is sited in two elementary schools. The project focuses on early identification of young children (through the third grade) who appear to be having behavioral difficulties. Two family youth service workers have been hired to serve the children and their families. The number of children per family ranges from one to ten. Generally, the families have been unknown to the social services system.

Workers carry a caseload of eight families and typically work with a family for three to four months, five to six hours per week. The intensive services plan is within a family preservation framework. In addition to in-home family therapy and skill building, the program provides consultation with teachers and referral to various community projects. Brief consultations are also provided to a small group of families with less intensive needs. This is a voluntary program with no fees charged.

The need to begin early intervention with "problem" children was widely acknowledged in this county by a network of community representatives who had been meeting in a variety of contexts. In addition, they already had some experience with collaboration. Illustrative of this were two already-established projects focusing on children's needs.

One, a parent education project, had received a $1,000 grant from the Child Abuse Prevention Committee, funded by the Children's Trust Fund. The grant was used to put educational parenting materials in the bookmobiles and community libraries. A newspaper column on "Positive Parenting" also appears regularly. Another small project grant was received from a crime prevention fund to hire a consultant to develop peer mediation services in upper elementary grades.

This background of inter-agency exchanges provided a springboard for the idea of an early intervention integration project. Susan Ault, a supervisor in Cass County Social Services, transformed the idea into a funded project. Ault, in consultation with allied agencies, wrote the grant in response to the request for proposals from the Minnesota Department of Human Services for an integrated project with a family preservation emphasis.

The project was in its sixth month of implementation at the time of the interview.

What Makes this Project Work?

The existing environment in Cass County was an asset for this program. Groups in the county had a history of working together. An active inter-agency exchange is characteristic of this community, and combinations of community representatives meet on advisory committees. For example, the Child Abuse Prevention Council has representation from public health and law enforcement agencies, churches, the school district, as well as a guardian ad litem, an insurance agent, and the editor of the local paper.

In addition, the network of programs and providers interested in an early intervention approach was easily recognized and available in this rural county, which has a small, scattered population and a disproportionate number of very low income families. Referrals to the program came from the Project on Early Childhood Screening, WIC, home visits conducted by public health nurses, and school personnel. Initiatives supporting a family preservation focus and attention to children's mental health existed in small, discrete programs. These provided a fertile seed bed for an integration project on early intervention. Moreover, county commissioners saw the project as a low-cost, high-benefit effort, as did probation officers and school officials. Each participating agency had an incentive to collaborate, both for the advantages of the cost savings of early intervention, and because each agency was committed to a prevention focus to strengthen families to care for their children.

Flexibility in responding to different target groups identified by school districts was a strength in the planning phase of the project. The high school was interested in securing help with emotionally disturbed youngsters. The elementary schools targeted youngsters in the "early" phase of difficulties.

There is close communication with the Leech Lake Reservation Family Services personnel and the representatives of American Indian education in the school system. There appears to be an appreciation of the urgent need for resources, and sensitivity to the long waiting list for family services. There are many points of exchanges on mutual interests among groups such as the Child Protection Unit, the Adolescent Pregnancy Prevention Council (Cass County has one of the highest rates of adolescent parents in the state), the Child Abuse Prevention Council, and the local coordinating council.

The selection of two capable family youth service workers gave the project credibility in its early implementation phase. Both are trained in family-based preservation services and appear to be skilled in engaging families in an offer of services and encouraging active participation in decision-making. They describe the children who are referred to them as "silent sufferers" (the depressed) or "aggressive sufferers" (the disruptive). There are no social workers in the schools where they work, so they voluntarily extend their role to include consultation and collaboration with teachers, chemical dependency workers, and other staff in the mental health center which supervises their activities.

Location in the schools and home visits are other strengths of the program. According to one of the workers, the school site enables them to observe children in the classroom and on the playground, and to be available to teachers. Locating the family youth workers in the school (they each have offices in the school building) also required adaptations on both sides, but it has been a productive learning experience for principals, teachers, and the family workers.

Strong leadership was a key ingredient in the success of this project. There is a healthy history to the inter-agency networks that exist in this county, but for this project the leadership was clearly provided by Susan Ault, Cass County Social Services. Ms. Ault arrived in Cass County a few years ago with a diversified background as a street worker and developer of alternative services. Clearly a risk taker and an activist, Ms. Ault scans the funding environment for opportunities to enhance the services in Cass County. Moreover, she is supported by what she describes as a "progressive" group of county commissioners.

Features of this project which are noteworthy: pooled resources from each participating agency in both dollars and in-kind services; a coordinating council that meets monthly to iron out management and policy issues; recognition of the family youth workers as "lead" workers enabling the family to have some respite from various intrusive program interventions; paying attention to client perspectives through client satisfaction surveys and to measures of effectiveness for the program.

Problems to be Solved

The meager financial resources to support a range of services in a high-need county is an overarching concern. Cass County Social Services and Leech Lake Reservation Family Services work with a significant number of underserved families and children. With state mandates, RFPs (request for proposals), and program initiatives derived from foundations and other sources, there appears to be constant shifting of priorities, causing disruption at the local level. A good deal of time is spent in writing grants, diverting attention from direct services and obligations of the system. Further, money arrives from these efforts in piecemeal fashion and linkages have to be developed. Moreover, several of these piecemeal programs have varying funding cycles. The diversity of program directives is also reflected in Leech Lake Reservation Family Services, which has its own priorities: a strong "family first" project, and a special program of services directed toward women.

Systematic training across organizations is not yet in place, although a one-day training for all participants inaugurated the project. At this time the Juvenile Court judges are out of the loop. (Minutes of meetings are sent out to all concerned, however.)

Services needed but not available include flexible money for unanticipated needs, child care, and transportation. In addition, there are no truancy projects. Alternative school options exist in Cass Lake only.

This prevention project serves only sixteen families at a time, and there is a strong interest in expanding the project. (Note: Shortly after this account, the project was expanded to include three additional school districts: Cass Lake-Bena School District, Remer-Longville School District, and Pillager School District.)

Conclusions

This project is still in its implementation phase, but the community already perceives it as valuable. Replicating an early intervention integration project is already under discussion with other school districts. In some ways the county is in a good position to achieve this. The project has two elements so important to integration efforts: energetic and enthusiastic leadership togther with a history of strong inter-agency connections. Whether the state can integrate several funding sources to give local agencies an opportunity to diminish the fragmentation which has occurred is a question worth

exploring. For example, can funding sources from the Children's Mental Health Act, the "crime" bill for in-home services, the Families First Project, special education appropriations, and Medicaid be integrated into a single grant?

Participants in Focus Group Discussion

- Susan Ault, Supervisor, Cass County Social Services
- Jim Bottrell, Superintendent, Cass Lake-Bena School District
- Mary Jo Nemik, in-home therapist, North Pines Mental Health Center
- Mike Dora, Principal, Remor-Longville School District
- Lillian Reese, Director, Leech Lake Family Services
- Anne Rogers, MCH Coordinator, Cass County Public Health Department

Clay County:
Outreach Center

Collaborating Agencies

Clay County Social Services
Moorhead Public Schools
Clay County Local Coordinating Council
Heartland Medical Center
Family Court Services
Clay County Public Health Department
Lakeland Mental Health Center

Description and Origin of the Project

The Outreach Center is located in the Townsight Center Building, which houses a wide variety of social/recreational programs for the City of Moorhead. The adjacent high school also uses the Townsight Center Building. This is a self-contained project with a clear goal: to provide integrated services both in the classroom and at home with families of children and adolescents who are severely emotionally disturbed and are at risk for out-of-home placement. These children, who cannot function in traditional classrooms, may suffer from a range of emotional disturbances including eating disorders, disruptive and destructive behaviors, and deep depressions. They are frequently absent from school.

This project had its origin in a mandate included in the Children's Mental Health Act. In this legislation, counties are required to have a day treatment center for emotionally disturbed children and adolescents. Two years of discussion among a number of agencies and programs led to a formal contract establishing the Outreach Center, which offers day treatment services to sixteen emotionally disturbed youngsters, grades 5 to 12, who are at high risk of out-of-home placement.

The principal participating agencies in this project are Clay County Social Services, Moorhead Public Schools, and the Lakeland Mental Health Center. The local coordinating council and the county commissioners have supported both the concept and the implementation phase of the project.

This interview took place when the project was in its tenth month.

What Makes this Project Work?

There is a history of inter-agency connections in this community. A local coordinating council, a joint powers committee, and an annual intra-governmental retreat to resolve intra-governmental issues existed before the Outreach Center was established. The Child Protection Unit has representation across systems, chiefly mental health and corrections, and meets twice a month. At the case level, three social workers who serve the school district are in close touch with the Clay County Social Services staff.

Again, strong leadership, provided by Carol Beckstrom, a supervisor for Clay County Social Services, was important in this project. Establishing the final, formal agreement to bring all the agencies together was a formidable task. "We had fabulous bashing sessions," said one respondent. The arduous planning process took two years. An all-day training event for all staff provided a unified orientation to the project, as did readings and group discussions. Along with the strong leadership, the compelling cost-benefit arguments of maintaining these very high-risk youngsters in their families brought the planning stage to a successful conclusion.

There was a palpable level of enthusiasm and commitment among many of the people involved in this project. The staff of the Outreach Center, drawn from existing programs (teachers, family therapists and an assistant, special education personnel, and a county liaison social worker) are competent, secure, optimistic, and willing to engage in a problem-solving mode. Persistent problems were: issues of reimbursement, sorting out each others' bureaucratic rules and regulations, and searching for the authority within agencies to solve conflicts.

Direct work with the families is an essential ingredient of the Outreach Center. The families are generally described as "chronically neglecting," multi-problem, with a long history of enmeshment in a variety of community agencies. Several families are "treatment jaded," but they respond to home-based, intensive services. Outreach continues to be an important feature of this program.

A family preservation philosophy guides the staff and the advisory committee, which has participant family representation. There appears, however, to be a need for continuing discussion with the Community Corrections Department, the judiciary, and the police to reinforce the family preservation concepts.

Although funding a collaborative project such as the Outreach Center is complicated, oversight of reimbursement procedures is in place and well understood. The chief contributors are Clay County Social Services and the school district. Contentious items are discussed and solutions found. The prohibitive cost of psychiatric residential treatment reminds the participant agencies of the value of a day treatment program.

Procedurally, there is confidence in the methods that have been developed for selecting students for this project. An inter-agency screening team evaluates each referral that comes from the school system. A formal eligibility criteria checklist exists. Priorities are discussed. Despite limited resources and high demand, the screening team has the confidence of the participating agencies in its decisions. Alternative plans are recommended for those children not accepted for the project.

This project is still in its maturing stage, not yet having reached its first anniversary. There are several issues that remain to be dealt with.

Problems to be Solved

There are several funding needs to be addressed. At this time there are no flexible funds that the staff can use for unexpected expenses or "life skills" enhancement, such as memberships for families in recreation programs, unusual transportation difficulties, etc. Still, flexible funds are especially important in this project, where students are described as generally living marginal and "joyless" lives, and amenities are unavailable. The project is actively thinking about ways of creating a flexible fund. Additional funding for more home-based family therapists, crisis intervention services, and psychiatric consultation also would strengthen the project.

Cross-training is highly recommended for all participants, including the judiciary, to facilitate their understanding of and commitment to the family preservation concept.

Expanding the project to help students who are children of addicted parents should be explored. There are numbers of children who are having attendance problems. A significant portion of these absences are explained by children who have become caretakers of their addicted parents and are fearful for their parents' safety if they leave them. The high rate of families associated with alcohol and drug addiction requires special attention. Treatment programs for families and children require an evaluation for their relevance to the population served by the Outreach Center.

The agreement on sharing information was described by one participant as "too restrictive." This project was more guarded about data privacy issues than other projects and confidentiality requires continuous scrutiny.

The community needs a vocational training project. This was pointed out as being absent in this community.

Perhaps the most serious issue facing the continued success of this project is the need for a transitional program in the re-entry phase for students who are returning to their regular classes. A range of special supports are needed: peer counseling, caring personnel in the school system, and a school liaison staff person for the project. Teachers in traditional classrooms require special orientation on helping a student re-enter. Many are resistant to the re-entry plan. The memory of disruptive behavior is not easily erased.

Conclusions

This is a high energy, innovative project which responded to a legislative mandate to create a day treatment program for emotionally disturbed youngsters. The first phase of this ten-month-old program reflects the will to transcend agency barriers, to take risks, and to dedicate the time and effort it takes to establish the vague, but necessary, component known as "trust." The necessity of time to evolve, mature, and create an evaluation scheme is illustrated by this project. Annual funding in a fragile and risky budget environment should not cut short this promising venture.

Participants in Focus Group Discussion

- Carol Beckstrom, Supervisor, Clay County Social Services
- Sharon Bungum Olson, Senior Corrections Agent, Community Corrections Department
- Paula Falk, EBD teacher, Moorhead Public Schools
- Barbara Honek, social worker, Lakeland Mental Health Center
- Bob Jernberg, Assistant Superintendent, Moorhead Public Schools
- David C. Miller, Youth Intervention Officer, Moorhead Police Department
- John Molstre, psychologist, Lakeland Mental Health Center
- Joel Ortega, EBD coordinator, Moorhead Public Schools
- Kathleen Severson Wedell, Director, Outreach Center
- Deb Swanson, Family Therapist, Lakeland Mental Health Center
- Alan Swedberg, Director of Special Services, Moorhead Public Schools
- Kim Swedberg, paraprofessional
- Arvid Thompson, Chair, Clay County Welfare Board, Clay County Commissioner
- Terry Warkenthien, EBD teacher

Dakota County:
Project Fast Forward

Collaborating Agencies

Dakota County Community Services
Scott/Carver/Dakota Community Action Program
Dakota County Technical College
Neighbors, Inc.
Inver Hills Community College
Hastings Family Service
Dakota, Inc.
South Suburban Family Service
Dakota County Housing and Redevelopment Authority

Description and Origin of the Project

Project Fast Forward is a collaboration among nine public and private human service agencies, an educational institution, and a housing authority, to help poor families with dependent children to achieve and maintain self-sufficiency. The project is located in a metropolitan county which is growing so rapidly it is often described as "bursting at the seams." Project Fast Forward serves approximately 100 active participants. Eligibility is broad, but the participants are generally described as those ready to engage, actively, in a self-sufficiency plan. Ninety percent are white, female, single heads-of-household. Typically, participants are young (under thirty), with two young children. Almost a third are never-married, and over half are divorced.

The project began four years ago. As part of its initiative on families in poverty, the McKnight Foundation awarded Dakota County $900,000 for a three-year pilot project. An Economic Self-Sufficiency Council was developed to oversee the development of the project and to provide policy direction. This council, made up of the nine participating agencies, entered into a written agreement with the Dakota County Board of Commissioners, where the budget was lodged. A written partnership agreement formalized the collaboration among the participating agencies.

The project is staffed by a director, case managers, and a case aide. The staff are dispersed at sites throughout Dakota County: the Employment & Economic Assistance Department, a technical college, a community action agency, and a nonprofit family and children's organization). Dakota County has been designated as an experimental county for Minnesota's welfare reform initiative, MFIP (Minnesota Family Improvement Program). The relationship of Fast Forward to MFIP is currently being explored.

Project Fast Forward offers a comprehensive service plan, and uses a case management model and a computerized database. In fact, Fast Forward is distinguished by its highly developed use of computer technology, which stores information and referral information and case management files that include a self-sufficiency action plan for each participant. Lap-top computers are available for use during interviews at any of the agencies or during home visits. Occasionally participants use these computers to develop a resume.

The oversight of the project has several levels. Overall, direction is provided by the Economic Self-Sufficiency Council (ESS). Barriers in the system are identified and changes are made, including those involving housing, child care, mental health referrals, and waiting list barriers. At the front-line level, case managers meet weekly for case consultation, and clinical consultation is provided by a consulting psychologist.

What Makes this Project Work?

The critical element of leadership was again present in this project. Lyle Wray, then-director of Dakota County Social Services, provided leadership during the eighteen months of discussion among Dakota County's human service agencies (both public and private) that serve disadvantaged families. In addition, the high spirits of the staff, confidence in the director, Susan Askelin, and the pride and satisfaction in work accomplished are outstanding features of Fast Forward.

Another critical element in making this project work is the extent to which the collaborating agencies share a common vision of the goals and services they are to provide. Fast Forward has attained "a pact and a trust" that undergirds its major achievement—the creation of a community of concern for the families served. A philosophy of how the project relates to the families served is uniformly shared. The project is client-focused, engaging the participant in active planning, teaching the client about community resources, and acknowledging the strengths of the families. The use of empowering strategies is a basic value of the project, and advocacy for securing needed services is the basic methodology.

The nine-agency collaborative is strongly committed to an equality of sharing and responsibility, extending to the sharing of "information, risk, resources, and rewards." Indeed, because of this commitment, rotating chairs were accepted as an organizational feature. Cooperation is evident, with each participating agency occupying a particular niche. Attention is paid to eliminating duplication of services. Resources such as housing, volunteer services, emergency fuel assistance, and other resources are identified and made available to Fast Forward in a timely fashion. While there is considerable discussion in attempting to arrive at a common understanding of the family and its needs, the self-sufficiency plan that was developed is generally supported by the agencies involved. The commitment to equal sharing and responsibility is also evident in the collaborative decisions made to house the budget under the auspices of Dakota County. The location of the budget was understood to be a potentially divisive issue, signaling, perhaps, a source of disproportionate power. Only when the county was perceived as low-keyed was the decision made.

The solution to the problems of data privacy issues (delineated under Minnesota's Data Practices Act—Minn. Stat. Section 13.02, Subd. 11) reveals the extent of trust and acceptance of limitations that exist in this collaborative project. The nine agencies are linked to the Dakota County mainframe computer. This allows for decentralized access to an information and referral database of services and programs. It also provides the technical capability to share information about families who are receiving services from many of the linked agencies.

The issue of non-county agencies having access to the client index (data stored in the county's mainframe computer, including economic assistance—history of payments, social services interventions, and public health information) received a lengthy and thorough scrutiny.* Finally, with the assistance of the Dakota County Attorney's office, a policy was hammered out.

* Fast Forward prepared a report on the issue ("Report on Data Privacy Issues Relative to the Development of an Integrated Case Management System in Dakota County,") dated April 23, 1991.

The project developed a useful systematized way of deciding what information should be available to which participating agencies. Complete access by non-county agencies to participants' files was somewhat curtailed, and this was accepted by all participating agencies after lengthy discussions. Public Health Nursing Services and Dakota County Community Services case information is not available to non-county staff. This was accomplished through security devices, personal sign-ons, and passwords. Conditions in the contract specifically state that the data will be used only to share information about mutual clients in relation to their self-sufficiency plans and to confirm financial eligibility for human service programs. Access to information is allowed only after a client has signed a release-of-information form that specifies which agency will be allowed access to the specific information to be shared.

A loan fund was established for unexpected expenditures—telephone, car repairs, clothing for work interviews. The pay-back rate is high (90 percent). A small amount of "flexible" dollars is also available.

Finally, a periodic evaluation funded by the McKnight Foundation grant provides markers for measuring progress, and has been used to improve the project.

Problems to be Solved

While a common philosophy of "empowerment" is shared among the agencies, implementation of the philosophy has been somewhat limited. Across-the-board training has not been developed, nor has client participation on the governing ESS Council been developed.

Although there is an attempt to provide a comprehensive approach to the participating families, the extent to which the case plan reflects concern with the care and nurturance of children is vague. Notably, the school district is not a participating agency, and its linkage to Dakota County Community Services is unclear.

Transportation is a major problem. The only public transportation available in this metropolitan county is minimal bus service. Unfortunately, the times and locations of bus service are totally at odds with the needs of poor families living in suburban isolation. For instance, one of the few locations for bus service is at the door of a senior housing complex. A sub-committee from the ESS Council is studying this issue.

The extensive reporting system of the current human services system, with its accountability procedures, is burdensome. For most human service workers, the amount of direct staff time with families is eroded by the demands of paperwork. The question of whether computerizing data meets this problem (through lap-top, easily available computers) is yet to be studied.

Future funding for this project is uncertain. No hard dollars were contributed by the participating agencies. Rather, in-kind staff time, space, and support services were the chief contributions. Plans for continuing this project beyond the McKnight grant are under discussion.

Other problems include the following:

- Fast Forward is the beneficiary of ongoing evaluation, but a cost-benefit study has not yet emerged.
- The solid reputation of the project has stimulated a long waiting list. It is estimated that only 5 percent of those eligible are being served.

- Among the community resources needed are more family-based, intensive services and day treatment for chemically dependent parents of young children.
- The uncertainty of growth and development of jobs with strong wages makes it impossible to rely on the success of self-sufficiency programs.

Conclusions

Within a nine-agency boundary, this project has managed an integrated approach. Most of the participants can be classified as multi-problem families. Many families are enmeshed with several social service agencies. Anywhere from two to twelve social service workers are engaged in these comprehensive plans. These numbers have not been reduced. However, with Fast Forward's case managers' initiatives, there is less working at cross-purposes, and the enmeshment with bureaucratic procedures appears to have been simplified for the families.

Increasingly, the county has become host to families seeking a safe and healthy environment for their children. The need to provide integrated services will be a challenge against the increased proliferation of services generated by small programs funded with narrow specialized interests. A complex social environment in this rapidly growing county provides for innovation, but also fragmentation.

Participants in Focus Group Discussion

- Susan Askelin, Project Fast Forward
- Mary Sullivan, Scott/Carver/Dakota Community Action Program
- Sharon LaComb, Dean, Dakota County Technical College
- Bob Adams, Neighbors, Inc.
- Harvey Bartz, South Suburban Family Service (Branch of Family Services, Inc.)
- Elizabeth Ryan, Dakota County Housing and Redevelopment Authority
- Richard Chase, Wilder Research Center

Kandiyohi County:
Family-Based Integrated Services Project

Collaborating Agencies

Kandiyohi County Family Services
Kandiyohi County Community Corrections
Kandiyohi County Community Health Services
Willmar Public Schools
Little Crow Special Education Cooperative
West Central Community Services Center, Inc.
Lutheran Social Services

Description and Origin of the Project

The Family-Based Integrated Services Project focuses on children and youth with severe emotional disturbances who are at risk of entering the juvenile corrections system, and on their families. Both school and county officials were aware that out-of-home placement costs, as well as education costs due to out-of-district placement, were rising, and this initiative was intended to strengthen families to maintain their children. The project provides in-home mental health services to the children and families.

The project uses the Child Adolescent Service System Program (CASSP) model formulated under the Children's Mental Health Demonstrations, which were funded by the state in 1989. One of the eight demonstration programs had been established in Kandiyohi County. The model places reliance on a team focus which is community-based, blending public and private resources. It is an approach that has been acknowledged by decision-makers, including agency executives and county commissioners, as extremely successful.

This project was initiated with a one-year $45,000 grant from the state through the Integrated Family Preservation Project. It was developed jointly by Kandiyohi County Family Services and Lutheran Social Services. A commingling of local funds matched with state funds distinguishes this project. The other collaborating agencies have contributed cash and in-kind contributions.

What Makes this Project Work?

Once again we see the common theme of strong leadership present in this project. The spirited, energetic, and dedicated staff acknowledged the leadership of the director, Sue Serbus. She has both the trust and confidence of administrators, and of the county commissioners.

In this project, too, the collaborating agencies share a common vision. The cornerstone of this project is a common philosophy of family preservation, exemplified by their belief that in-home family services cost less than out-of-home placement and have better outcomes for both the child

and the family. This team genuinely focuses on the well-being of the child. If a struggle occurs, they attribute it to a temporary breakdown in communication rather than a "turf" battle. Thus, the territorial struggles on budgets and oversight services appear not to be a problem.

The staff has worked to overcome the obstacles of disparate definitions and assessments among collaborative agencies when dealing with children who have problems. In this project, as in others, different eligibility standards required for reimbursement by different funding agencies pose a serious impediment to a truly integrated service approach. In an effort to provide flexibility, the group is intent on finding a "definition" or "assessment" of a child's problem that permits maximum resources under various reimbursement formulae.

While criteria for who can qualify for this service under Kandiyohi County Family Services or the school district may differ, everyone shares a concern with an "acting out" or severely depressed child, and this is what is really at stake. This project, as described by Sue Serbus, is learning how "to sing off the same sheet of music" to come to a common understanding of the child and to design the most comprehensive services plan to meet the child and family's needs.

The collaborating agencies have an articulated process for reaching a common understanding of the family. Following a referral (usually from the school district, a mental health agency, or sometimes the Public Health Department), parents come to a meeting to identify their needs and become involved in case planning. This promotes a plan for the family that is coherent and understood by all concerned. In addition, the family signs a release-of-information form enabling the collaborating agencies to share information. Treatment plans are discussed and service components are assigned to those "who can do it best," as one respondent said. For instance, the mental health program does the initial assessment. All agencies are then kept apprised of progress through case reviews, staff meetings, and supervision. Training retreats attended by staff from the collaborating agencies promote a shared commitment to families and children.

Data sharing was defined in a written agreement. This avoided conflicts by clarifying at the outset what data could be shared and what would be off-limits.

Finally, the town of Willmar, where the project is located, is a regional center where people come for services. It has a history of the public and private sectors working together.

Problems to be Solved

Project staff agreed that they would like to have more training and communication with actors in the judicial system. The courts play a crucial role in the lives of the children being served by the project. When a child becomes involved with the project, it is usually through a mandatory court order. Thus, judicial system representation in the project is important in an "integrated project." Although the judges seem open to working with the staff of this project, time and opportunity rarely coincide for collaborative meetings. Project staff would like to communicate on a regular basis with judges in order to better understand the rationale for their decisions.

There is also hope by the staff that an evaluation of their project can be generated, since at this point they have only intuitive and anecdotal evidence of a positive impact. There is a large accumulation of data, but no staff available for evaluation and research purposes.

The director of this project would like to see services housed in closer proximity to each other. Currently, county, public health, and mental health services are widely dispersed. Informal communication is therefore somewhat limited and families have to travel between sites.

Additional resources and services are needed. These include community advocates to support and even challenge the system. Help in areas as seemingly mundane as filling out forms would be beneficial. The large population of Hispanic persons needs attention. In addition, poverty is pervasive in this community, and it is apparent that the basic needs of impoverished families such as food, shelter, and clothing still need to be met. For example, for the working-poor family trying to maintain self-sufficiency, a disabled car is a crucial problem.

Finally, as in so many other projects, funding is a constant worry. Further, demonstration projects, which are time limited, place an enormous burden on staff to continuously search for funding, and to write grants in a desperate effort to give programs continuity. The "mountain of paperwork" is a problem to be solved. In addition, the budget allocation for in-home intensive services and respite care is insufficient.

Conclusions

The enthusiastic atmosphere generated by this group and the collegial spirit they displayed are the intangibles that combine to provide a solid reputation that this project works. The mutual respect and trust that have sustained this project are also derived from experiences that preceded this demonstration. The political support of Kandiyohi County commissioners is noteworthy for their understanding and endorsement of the concept of "integrated" projects and family-based services.

Participants in Focus Group Discussion

- Stan Block, Kandiyohi County board member
- H. A. Christiansen, Kandiyohi County board member
- John Haines, Director, Kandiyohi County Family Services
- Alan Johnson, West Central Community Services Center, Inc.
- Donna Jorgenson, Kandiyohi County Community Health Services
- Curtis Matson, Lutheran Social Services
- Ken Nielson, Kandiyohi County board member
- Judy Pederson, Lutheran Social Services
- Sue Serbus, Supervisor, Children's Services, Kandiyohi County Family Services
- Deborah West, Director, Kandiyohi County, Community Corrections Department
- Mark Zabel, psychologist, Willmar Public Schools

Morrison County:
Juvenile Justice Program

Collaborating Agencies

Morrison County Social Services
Central Minnesota Community Corrections

Description and Origin of the Project

This program, a combined effort of the community corrections department and county social services, attempts to curtail the rate of adolescents placed in correctional facilities. It provides intensive services to families with an adjudicated adolescent or an adolescent assessed as "pre-delinquent." The adolescents suffer from problems such as chemical dependency, violent and abusive families, and truancy.

Currently, there are nineteen juveniles and fourteen families who are engaged in family-focused services. The families in this program are described as widely diversified, with various family structures, including step-parents, single parents, two-parent families, and families in transition. Many of the families are also involved with other human service programs. Most of the youngsters have been referred to the program because of truancy, vandalism, theft, arson, breaking and entering. Ninety percent are court-ordered, and no fees are charged in this program.

The project uses a structured, intensive twelve-week program with a large component of group and support services. Each adolescent is reviewed in an assessment process by the staff of Northern Pines, a mental health agency. This is followed by a home visit. Then the youngster is required to attend a formal, standardized program with individual and group participation.

Management of the program is shared between county social services and the community corrections department. A joint meeting of the agencies involved is held monthly to share information and to discuss mutual issues. Weekly meetings are held between the monthly meetings to assess progress. When differences in the assessment and progress of adolescents and their parents arise, the weekly meeting resolves the issues. "It is important to be a team player," is the underlying theme. The project depends on "the legwork of the front-line staff" to take responsibility for solving any questions that arise regarding their respective agencies' roles. Because the program was designed for staff to spend more time working with clients and less time on paperwork, everything is resolved in a face-to-face mode.

This juvenile justice program emerged from discussions with county social services, county attorneys, and judges, as well as from considerable networking with community agencies. It was built on an existing program, a federally-funded program that brought Central Minnesota Community Corrections and the Minnesota Department of Jobs and Training into a collaborative effort to serve an "at risk" adolescent population. For the first year, the program was funded jointly by Morrison County Social Services and Central Minnesota Community Corrections. Morrison County Social Services now carries the major funding responsibilities.

What Makes this Project Work

Strong leadership complemented by strong commitment from the executive, middle management, and front-line levels of county government are important to this project's success. Steve Reger, a supervisor in Morrison County Social Services, has given this project legitimacy and strong leadership. He is an advocate of this program, both within and outside of the agency. County commissioners and front-line staff also support both the concept and the implementation of the project. Broad-based interest in this program is illustrated by the fact that staff from Morrison County Social Services, the chief of police, and the county attorney were all represented in selecting program staff.

The broad-based commitment is also clear in the genuine attempts of the collaborating agencies to come to a common understanding of the adolescent and the family.

This program benefits from a contractual arrangement with two experienced, community-based, self-employed family preservation workers. Because it minimizes overhead costs, the contractual arrangement makes this a relatively inexpensive program for the county. In addition, the contractual workers operate this program with a good deal of flexibility, ingenuity, enthusiasm, and commitment. Although they are somewhat apprehensive about the uncertainty of an annual contract renewal arrangement, they are enthusiastic about the freedom that an independent contract permits. They have a strong and supportive relationship with Steve Reger. Further, the director of Morrison County Social Services encourages creative responses, innovative programs, and allows latitude for development.

The project is characterized by a "can do," pragmatic problem-solving aura. For instance, the staff was eager to move from planning to implementation. As one staff member said, "Planning can go on endlessly. There is never a perfect plan that is developed. One has to 'plunge in' and then repair program problems and respond to them as one goes along." The "can do" attitude is also evident in the vigorous networking that is carried on among the school system, the Department of Jobs and Training, and Northern Pines Mental Health Center. The community's small size supports informality and a reliance on personal/professional networks. In fact, there is a good deal of communication that is informal, and persons involved with a family are easy to reach.

Data privacy is not a problem. Participants routinely provide release forms and information is shared in a trusting environment. The caseload is small, and the weekly meetings with county social services and corrections personnel provide an update on each youngster. Occasionally, sensitive information may be regarded as "off limits" by the probation officer. The confidentiality issue is discussed and resolved informally.

Continued funding appears to be secure. The county pays for out-of-home care. There is evidence that the program could reduce out-of-home placement, and thus political support for the program as being "fiscally prudent" is strong.

Problems to be Solved

The following services are needed, but not available:

- There are very few chemical dependency programs and no aftercare programs for adolescents who have gone through treatment. Compulsive gambling has begun to be a problem, and there are no treatment programs for this addiction either.

- Although staff recognize that parents should be involved in planning, it is extremely difficult, both because working parents have little time, and because transportation is a severe problem in this large, rural county. A volunteer driver program has been substantially cut back. Volunteers were not always available at the times the families needed transportation.

Definitional and philosophical differences persist in this program. The program is essentially based on a family systems approach. This approach assumes that the family is an integral unit, a system in which each member is reciprocally influenced, and the adolescent cannot be treated apart from the family. The staff of the program believes that, ideally, all persons involved in the program should be acquainted with, and indeed follow, a family systems approach. Nevertheless, the correctional system frequently concentrates solely on the youngster, with very little regard for the family dynamics of which the youngster is a part. Further, personnel in the school system and in the corrections system frequently have views of the child that differ from those of the social service personnel. For example, one principal described some of the youngsters as "losers," reflecting an air of hostility and pessimism about their future.

The program is not currently working up to its capacity. Referrals are now coming from county social services and the schools. Referrals from community corrections have dwindled. The reason is not entirely clear.

An unclear definition of truancy also presents problems. Truancy is officially designated as more than seven days of absence, but it is not always clear whether the truancy is an unintended consequence of illness, parent problems, or in fact, associated with pre-delinquent behavior of the young people involved.

There are also problems associated with funding. First, Central Minnesota Community Corrections has withdrawn its fiscal support, even though it still maintains a strong interest in the program itself. Clearly, not having corrections as a financial stakeholder is considered something of an unresolved issue. Second, although the program requires flexible funds, the search for these funds must be made outside of county-supported social services. Politically, it is hard to persuade county commissioners to provide funds that can be used flexibly. They prefer that all funds be specifically accounted for. The program scrounges "small change" from community-based programs to pay for small but needed items such as recreation, job searches, and transportation. Third, there is very little money available for training direct service providers or for the necessary joint training of participating agencies.

Conclusions

This program recognizes that the therapist, the teacher, the staff, and the participating agencies should all have a common understanding of the adolescent and the family and have a collaborative and comprehensive plan that reflects this unified understanding. The staff works hard to promote this unified understanding despite institutional problems, i.e., certain parts of the community with punitive attitudes toward pre-delinquent youth. In spite of community and agency limitations, they have been able to build a certain amount of cohesiveness and trust.

This program illustrates a positive use of contracting out a specific service. This enabled the program to sustain a vision and purpose without getting enmeshed in the bureaucratic procedures of Morrison County Social Services.

The program is an interesting example of the instability of funding for demonstration projects. While focusing on delinquent youth and their families, the program suffered three shifts in funding support. Originally, the interagency partnership existed between Central Minnesota Community Corrections and the Minnesota Department of Jobs and Training, with a grant from the federal government. Later, Morrison County Social Services and Central Minnesota Community Corrections jointly funded the project. Still later, while Central Minnesota Community Corrections remained a cooperating agency, its fiscal contribution was withdrawn because of other priorities, leaving Morrison County Social Services as the only fiscal contributor.

Participants in Focus Group Discussion

- Jody Hilgert, Juvenile Justice Advocate
- Marilyn Keith, Juvenile Justice Advocate
- Peggy Luedtke, Juvenile Corrections Agent
- Steve Reger, Supervisor, Morrison County Social Services

Ramsey County:
Project Re-Connect

Collaborating Agencies

Ramsey County Human Services
Ramsey County Community Corrections Department
Ramsey County Nursing Services
Institute on Black Chemical Abuse
Wilder Community Assistance Program
Advanced Health Technologies
Wilder Family Service Provider Program

Description and Origin of the Project

This project provides intensive, culturally sensitive, in-home services to caretakers of children under age twelve. The services are for caretakers who are involved in the criminal justice system, primarily related to drug abuse associated with crack/cocaine, and are on probation, parole, or supervised release. The project's goals are to help mothers maintain a chemically-free, law-abiding lifestyle, prevent child maltreatment, and reduce out-of-home placement. Typically, the mothers are immersed in multiple problems of poverty and a drug-ridden neighborhood.

The project is neighborhood-based and free-standing in a very high-risk, urban environment—the east side of St. Paul. Project Re-Connect has the air of a settlement house: food shelves, children's clothing, and furniture for emergency shelter are in evidence. Among the staff members there are five in-home service workers, a probation officer, the project director, a public health nurse, and women's and children's group leaders. The project has a reputation as a valuable community service, reinforced by the staff's efforts in outreach and sensitivity to the neighborhood which has suffered from a devastating epidemic of crack cocaine.

The list of issues that affect the single mothers on this project reveals the multiplicity of problems: learning disabilities, behavior disorders, pregnancy, substance abuse, incomplete educations, and economic assistance needs. Services needed include transportation, family counseling, employment, recreation, information and referral, family planning, tenants' rights, affordable housing, case management, extended day care, emotionally disturbed behavior treatment for children, chemical dependency treatment, and medical services.

Intensive in-home, family-based services are subcontracted from the Wilder Family Service Provider Program. There are five workers whose caseloads are six families each. Comprehensive services are offered which include culturally-specific family support services such as parenting and homemaking skills instruction. The comprehensive services also include groups for children, assistance with school-related problems, and immunization for infants. Acupuncture is also available as a treatment for cocaine withdrawal and other physical and mental ailments.

A unified goal-oriented service plan was developed for the families, and they are seen two-to-three times a week. Staff from the Child Protection Unit, probation officers, and community agencies gather and a plan is drawn up with the active participation of the invited parent. Resources and information are shared. The participant can choose to work with the staff person with whom rapport has been established. The underlying philosophy is social learning; to teach the participant how to use available resources, improve parenting, abstain from chemical use, and practice self-sufficiency.

This project began when informal communications between the Minnesota Department of Human Services and the Ramsey County Community Corrections Department identified a common client group—women with drug-related offenses who were enmeshed in the corrections system, who were concerned with the well-being of their children, and, who were, in turn, involved with the Child Protection Unit. Funding became available from the United States Department of Justice through the state's Drug Policy Office. The Ramsey County Community Corrections Department is the fiscal agent. The program manager is on loan from Ramsey County's Child Protection Unit.

The first year of the program, funded in 1991, had just been completed when this study was conducted. While a second year is probable, the long-term viability of this project is uncertain. To date, 60 families with 163 children have been served.

What Makes this Project Work?

The staff operates as a team, but the "team" collaboration emerged only after intensive and often sharp exchanges and struggles to reconcile the various goals of the participating agencies. The task of arriving at a comprehensive plan was formidable. Stated and unstated differences in the perspectives of the Ramsey County Community Corrections Department and the Child Protection Unit fueled the uncertainties of personnel hiring, assigning responsibilities, administration, and even the physical location of the project. Union issues surfaced to complicate matters even further. Nevertheless, after six months of "clarifying" and problem-solving, Project Re-Connect emerged with solid inter-agency understandings and a devoted staff.

Representatives of community corrections persevered because of their personal commitment. Clearly, commitment and mediation skills are indispensable to the management of this program. In addition, there is strong support for the concepts of Project Re-Connect from experienced and mature corrections personnel. There is pride in work well done and a dedicated interest in the mothers and children who participate. This cooperation is evident in the coordinated service plans, which reduce the bureaucratic entanglement for these families. Furthermore, regular staffing and review keep the participating agencies on board.

The staff asserts that flexibility is indispensable. While all the participants are court-ordered and mandated to report regularly to probation, the staff of the project becomes, in effect, the extended family for the participant. The promise of hope for this group, described as "survivors," is seen as a key ingredient of this program. The attitude of optimism and a belief that participants can maintain sobriety is reinforced by group participation, which is structured over a sixteen-week period. Five hundred dollars for each family is available for such items as telephone, rent deposits, and children's needs.

Finally, participants are encouraged to be active in shaping the program. Several exit interviews have been videotaped and the participants' assessments of the services, staff interactions, and procedures are used to modify and improve the program. A client satisfaction questionnaire is sent out to each client.

Problems to be Solved

This program reports long waiting lists for services that are needed for this very high-risk group of mothers and children. Moreover, mental health services, after-care and "relapse" drug treatment, and counseling are all in short supply. The services required to respond to the need for parenting skills, difficult relationships with fathers of the children and with partners, and housing assistance are all overloaded.

The staff has had a good deal of turnover, ascribed to the crisis-driven nature of the participants' lives. Despite the high morale of the core group, the work is very difficult, with mothers and children described as having "overwhelming needs." At this time a consulting psychologist is not available, and there is little time for staff reflection, renewal, and training across disciplines.

Conclusions

Project Re-Connect has undertaken an awesome task. This neighborhood-based program reflects the serious problems of urban life in a very low-income area: lack of housing, street drug violence, poverty, and deteriorating family support systems. The project is anchored in the realities of a devastated neighborhood. The personal commitment to establishing a comprehensive plan for mothers emerging from prison, on probation and struggling for sobriety, is the distinguishing feature of this program. The high morale of this dedicated staff working "against all odds" in a creative response is truly admirable.

What this program requires is an infusion of needed resources and community recognition of their work. The capacity of this small staff to instill hope in the lives of their desperately poor families is noteworthy.

Participants in Focus Group Discussion

- Martin Buchbender, acupuncturist, Advanced Health Technologies
- John Hanna, social worker, Ramsey County Human Services Department
- Jacky Jones, nurse, Ramsey County Nursing Services
- Kay Laurel Fischer, group therapist, Wilder Community Assistance Program
- Georgia Lynch, in-home services provider, Institute on Black Chemical Abuse
- Joan Minczeski, Program Manager, Ramsey County Community Corrections Department
- Dinny Prichard, probation officer, Ramsey County Community Corrections Department

DISCUSSION

This study was a search to discover what "integration" projects look like at the local, program level. The findings from this first wave of "integrated" projects suggest that they are still highly experimental and idiosyncratic, reflecting local conditions. Interagency collaboration as the conceptual framework for integration projects can create fresh, free-standing programs that have the capacity to respond to the multiple needs of high-risk families and children with a comprehensive, unified plan, reducing the complex bureaucratic entanglements for families and children. But interagency collaboration is not an easy task.

Although most of the projects understood the concept, unity was difficult to achieve in reality. Some reasons for this became apparent during the study. First, most staff persons were on loan from a parent agency and reflected, to some extent, their agency mandates and distinctive organizational characteristics. Only a small number were hired specifically for the demonstration projects. We uncovered little evidence that the positive experiences in these projects introduced structural changes in the participating agencies. On the contrary, several respondents noted that these projects operated with a degree of isolation from their home bases.

Second, reimbursement procedures reinforced the separate identities of the collaborating agencies. In only one-third of the projects were the pooled resources available that enabled programs to operate consistently across agency lines. Generally, each collaborating agency required accountability. Thus, programs were required to assess and label clients differently according to which collaborating agency was providing reimbursment. Eligibility rules chiefly determined at the state and federal levels remained unchanged. There was little evidence of structural changes in the system at the administrative level. In sum, escaping the independent agency identity forged from historic legislation, regulation, and administration into a new "integrationist" identity is a challenge for programs.

Third, there were, occasionally, fundamental differences in philosophical perspectives among the collaborating agencies. While the overt goal of the projects was family preservation, and the majority of the collaborating organizations shared this goal, the corrections and judicial systems often did not. In fact, the judicial systems in many counties are out of the loop in the integration effort. Judges and county attorneys rarely joined interagency meetings. Probation officers were typically available, but often had to represent a court-ordered plan. In addition, individuals within these systems and in the school systems sometimes held a punitive attitude toward children with problems that was at odds with the philosophy of most of the human services staff.

Despite these limitations, there were strenuous efforts to reach understanding across agency boundaries. Appreciation and respect among participants flourished as programs matured, and throughout, there was a genuine struggle (not always successful) to arrive at a consensus on a plan for the child and family. Several projects reported inter-agency collaboration around procedures such as intake and assessment, and case management.

Regardless of the stage of development or the scope of the program, the efforts to collaborate broadened the understanding of all participants and increased their satisfaction in their work. Trust, information sharing, a wider view of community needs, and an appreciation of the varied components of the human services systems were values that were appreciated. Collaborative efforts also broadened the community's understanding and improved its view of county social service workers. The projects introduced county social services agencies as "user friendly" and social service workers as advocates for the family.

There were other problems in addition to those associated with achieving a unified, comprehensive program. Integration efforts pay a price in time. The number of interagency meetings, staff discussions, and consultations consumed a large number of working hours. Time had to be allowed for all personnel to become familiar with the skills and resources that each agency representative brought to the table, for the family to choose the lead person with whom a trusting relationship could be developed, and for the child to make use of new program services. The integration projects often did not have necessary resources. For instance, "flexible funds" to meet the incidental, but critical needs of clients, such as transportation, were often not available because rigid accounting systems had no place for them. As another example, although "family therapists" (people trained in intensive, home-based, crisis-oriented interventions) were a key staff component for many teams, this component was in short supply in many counties.

The demonstration project culture itself also poses a significant problem for integration projects. By its nature, demonstration funding is time limited. This forces the staff to spend inordinate amounts of valuable time seeking additional funding. The uncertainty of funding undermines staff morale and makes long-term planning difficult. The ultimate effect is that these programs can become palliative measures that address only small pockets of the problems temporarily.

Finally, the evaluation component was missing from many of the projects, making judgments on the projects' successes and failures difficult. For instance, a significant portion of counties report a premature withdrawal of clients from services. This was generally attributed to the high mobility of families, but without more evaluative data, it is impossible to know if this is, in fact, the explanation.

Moreover, a consensus on definition of "success" and "outcomes" is very difficult to achieve. There is political agreement that these programs are fiscally prudent. It is assumed that, given the high cost of out-of-home placement, the programs could be shown to save money for local jurisdictions. However, no project has had a cost-benefit analysis, so this, too, is impossible to assess conclusively. Data on improvements in family functioning are also not available.

Missing from this study are the perspectives of the families. Whether families perceived integration projects as simplifying their entanglements with school systems, child welfare, juvenile corrections, and other community agencies is not known, and qualitative improvements in family functioning remain anecdotal. Nevertheless, the effect on the families appears to have been mixed. Although the numbers of social workers involved with high-risk families was rarely reduced, information and case planning has reduced conflicting plans for the families. A few projects noted that with the assignment of a primary person for case management, other workers "backed off."

While families often have access to more services, this also means even more social services workers are entangled in their lives. Typically, there are three to four social service workers

involved with each of the families. However, one project reported that workers from twelve programs were involved with one family. The family was described as "treatment jaded," a common description of "chronically neglecting families." The ultimate goal, a reduction of the family's problems with complicated systems, has not been systematically documented.

The projects we studied seemed generally to have a beneficial impact on staff. They were small, and intensive personal relationships among the staff prevailed to a large extent. The staff were remarkably enthusiastic, optimistic, and energetic. Most commented on the satisfaction of being involved in a project which requires flexibility and creativity. They appreciated working in a setting which values innovation and reduces, to some extent, the red tape of bureaucratic procedures. The process of viewing each other as allies in a common endeavor was uniformly described as a satisfying and professionally enriching experience. Collegial relationships that develop in working across agencies were consistently described as "the best part." The most satisfying experiences were described as flowing from mutual support—resolving turf issues and having a genuine interest in focusing on children and parents.

In summary, the family preservation integrated projects clearly exhibited strengths. All of the programs are small, with a special blend of staff expertise that provides a satisfactory experience for all participants. Children are in a supportive and encouraging environment. Families are working with responsive services. School districts trust the programs' services, which are cost-saving. Counties are also impressed with cost-savings, and the staff has the satisfaction of seeing students and families progress in a positive way. Whether these demonstration projects can be replicated to serve large groups of families and children in need of services without losing their strengths of intimacy, flexibility, and informality remains to be seen.

RECOMMENDATIONS

Following are some recommendations that have grown out of the findings of this study. (See Appendix D for a prototype of how to establish a family preservation integration project.)

- Integrated services should be tested with a much larger program. As noted earlier, the small programs have a variety of strengths. However, they can only address small pieces of the problems which families face in the multiplicity of bureaucratic services. The concept of integrated projects must be implemented on a larger scale, both to make a truly adequate assessment of the concept, and to have a real impact on the problems it is intended to address.
- Long-term funding is critical to alleviate the time, energy and resources that are constantly being diverted to secure more funding, and to reinforce staff morale. Some observers believe that when special funding for integration projects disappears, turf issues will re-emerge because the competitive struggle for dwindling resources is so fierce at the local level.
- Families must be interviewed to assess the impact on them of the integrated services. At this point, their feedback is almost entirely missing from judgments about the success of the projects.
- Evaluations should be funded and conducted as an integral part of subsequent projects. Most evaluative data are presumptive or anecdotal at this point.
- Training regarding the family preservation perspective should be conducted for all collaborating agencies. The corrections and juvenile justice systems often do not share this perspective.
- The location of integrated projects should be carefully considered. To some extent, the site determines the perception of hospitable access. School locations are not necessarily convenient. County offices are described as intimidating. In the urban areas, a neighborhood setting has been successful. In the non-urban areas, sites close to schools were frequently used. Locations are generally a negotiable item with cost of rental space and equipment a factor. However, several observers made the point that for children, especially, program sites should avoid any suggestion of stigma. The best locations are those which exist in cheerful surroundings close to other broad-based community services.
- An independent budget should be established for a project, preferably from the pooled resources of all participants. Some flexible funds to meet incidental needs should be specifically included. This will allow the necessary operating flexibility for staff and promote equal sharing and responsibility among participants.
- Eligibility requirements for reimbursement should be standardized to reduce time spent on paperwork and other administrative coordination tasks and to eliminate the need for clinically irrational client labeling.
- A uniform, automated database would be enormously helpful for information sharing and reducing paperwork.
- Projects should expect to spend about six months in planning. However, staff should be aware that some problems will only be solved as they move ahead with implementation.

- Express, written agreements should be reached at the executive level of all collaborating agencies, and these agreements should be thoroughly communicated to all levels of the organizations.

CONCLUSIONS

Family preservation integration projects hold a great deal of promise for improving the lives of high-risk, multi-problem families in Minnesota. Although very little outcomes data or cost-benefit analysis are available, the stories told by the thirty-one projects in this study indicate that the families benefit from a more coherent approach to providing services. The number of agencies that the families have to interact with was not reduced. In some cases families even ended up interacting with more social workers. Nevertheless, families often received more services in a more coordinated fashion.

There is strong political support for these projects because they are expected to be fiscally prudent. There is also strong support from staff, whose work satisfaction increased as they were able to work in cooperation with other people pursuing the same goal, to share support, and to contribute creative solutions in a somewhat less bureaucratically rigid atmosphere.

To be sure, a cost in time for coordination, communication, and planning is paid for these gains. There are also problems that remain to be resolved. It has been difficult for the collaborating agencies to form comprehensive, unified programs in the face of their different eligibility standards for reimbursement. The juvenile justice and corrections systems do not always share the value the other agencies place on family preservation, and did not participate in the projects to the same extent as the other agencies. Perhaps above all, these projects suffered from short-term funding, the unreliability of continuation funding, and the inability to provide sufficient services.

Inevitably, this study pointed up once again some of the problems that are endemic to social work—poverty, the disproportionate burden suffered by women and children, an unpredictable and inadequate job market, and the need to affix pathological labels to clients in order to fund the necessary services.

Changes that are broader than restructuring service delivery are needed to address these problems. Nevertheless, family preservation integration programs can go some way toward easing the lives of multi-problem families and increasing the cost efficiency of service delivery. This concept should be implemented on a larger scale, and given greater and more secure financial support. At the same time, evaluations should be more vigorously pursued and the families receiving services must be included in the evaluation procedures.

APPENDIX A

Interview Questions for Family Preservation/Collaboration Projects

Initiation Level Questions: [We're interested in how this project got going.]

1. What was the problem or opportunity that motivated the integration project?
2. Who initiated the discussion on an integration project?
3. Is there an agreement between collaborating agencies? ___ oral ___ written

   If so, how often is the agreement reviewed?

   How and/or who monitors it?

   At what level?
4. Is there a dominant institution or is responsibility and power shared?
5. If there is a dominant agency, what is their affiliation (county social services, schools, mental health, etc.)?
6. Do the collaborating agencies share a common philosophy of service? If so, what is it?
7. Are resources pooled and if so, how?
8. What is your source of funding and who controls it?
9. How have pre-existing agencies changed to facilitate the collaboration (i.e., structure, staff)?
10. What kind of pre-service training or orientation was done for staff?
11. Is there a unified approach to the assessment of the family's situation, plan, and progress reports?
12. How long did this project take to get started?

Observations: [Quotations from interviewees.]

Management Questions:

1. Is there, currently, a single person directing the project?

   What is his/her background?

   What system did the person come from?
2. Is there an advisory committee?
3. Is data sharing a problem? [Probe. Particularly important question]

4. Is there a formal agreement on data sharing? [If so, have them send.]
5. Is there an evaluation plan that monitors client outcomes? ___ yes ___ no
6. Is there a measure of cost per case?
7 Are incentives used to encourage linkages? If so, what kind?
8. Have rules or procedures changed since the project was started?
9. Was a common data base developed?

   If not, why not?
10. How often do policy makers meet?

    Middle management?

    Case workers?
11. How are resources for families provided?

    A special fund from pool resources?

    New grants?

    Other?

Observations:

Direct Service Questions: [Now we'd like some information on what really happens with the front-line workers.]

1. Give the number of families/children in a caseload.
2. Is their a formal supervision procedure?
3. Is there time for the caseworker to be in touch with collaborating units?
4. How are collaborating units involved?

   ___ case review ___ training ___ staff meetings ___ other
5. What are the general characteristics of the family and child(ren)?

   ___ court ordered ___ voluntary

   Marital status: ___ single parent ___ two parents

   Presenting problems:
6. Was there an interagency agreement on the assessment? Was there an interagency agreement on outcomes or goals?

   How was this arranged? ___ case review ___ staff meeting

   Was the family involved?
7. How is the progress on the family/child shared?
8. Are families involved in formulating the plan for their services?

9. Is the person in charge of the case known as:

   ___ case manager ___ social worker ___ other

10. Do you have funds that are available for flexible use?

11. Do you have wide discretion to use these funds?

Observations:

Open-Ended Questions:

1. Did this agency (school, etc.) have a history of cooperating with the system that you are now involved with?

2. Do the rules or regulations of collaborating units present barriers to comprehensive services? If so, are they related to:

   ____ eligibility ____ fees ____ data-sharing ____ other

3. Are there services which are needed but not available?

4. Other problems that get in the way of services.

   ____ skills and competencies of front-line workers

   ____ paper requirements for accountability

   ____ premature withdrawal of clients from the service plan

   ____ other

5. What are your positive experiences since the project began?

6. How are various people in the project kept informed? ___ formal ___ informal

7. Has someone emerged as giving leadership to this project. Who? [Not necessarily the official leader; more heart and soul of project.]

8. Has this project reduced the bureaucratic tangle for the family? ____ yes ____ no

   If not, what still remains to be done?

9. How are families involved in decision making? Do they serve on advisory committees?

10. Thinking about your caseload of multi-problem families, can you say how many caseworkers are typically involved in one family? Has this number remained the same, increased, or been reduced?

    Comments:

11. If you were to start fresh to develop an "integrated" project for multi-problem families and children, can you describe what it would look like?

APPENDIX B

Family Preservation Integration Projects:

Children's Mental Health

COUNTY AND PROJECT NAME	PROGRAM GOALS	COLLABORATING AGENCIES	DISTINGUISHING FEATURES
Becker County **Children's Mental Health**	- Elementary and jr. high school age - Deliver mental health services to SED children by managing mental health crises, coordinating resources, educating parents	- Becker County Social Services - Becker County Children's Mental Health - School districts - Lakeland Mental Health Center - Lutheran Social Services	- Still in planning stages - Struggling to define services for high risk families and children with minimal resources available
Cass County **Cass County Integrated Services Project***	- Preschool through high school age - Family-based services to children with behavioral problems: to provide early intervention and access resources	- Cass County Social Services - North Pines Mental Health Center - Walker/Hackensack/Akeley School District - Pine River/Backus School District - Cass County Public Health - Cass County Probation Department - Leech Lake Reservation Family Services	- Pooled resources, both financial and in-kind - Shared philosophy - Unified assessment and care plan - Families involved in meaningful way - Purchase of service with mental health agency
Cook County **Children's Mental Health**	- Children in kindergarten through secondary - Serve children with serious and persistent mental health problems - To keep children in their own homes	- Cook County Social Services - Lake Area Human Services - Public Health - Probation - Grand Portage reservation schools - Center for Family Crisis	- Written agreements - Unified assessment - Sliding fee for services - Family involvement - Case management model
Hennepin County **Family-Community Support Services**	- School age children kindergarten-secondary - Provide or help families locate whatever services are needed to keep an emotionally disturbed child in the home	- Hennepin County Social Services - Washburn Child Guidance Center - Local school districts - Economic assistance programs	- Formal written agreement - Pooled funding - Contracted service with private, non-profit, child guidance clinic - Respite care providers - Home-based services - Small case load (6-8)
Kandiyohi County **Family Based Integrated Services Project***	- Preschool through high school age - To improve services to families in which children are at-risk of being placed out-of-home by using a team approach to identify and treat needs	- Kandiyohi County Family Services - Kandiyohi County Community Corrections - Kandiyohi County Community Health Services - Wilmar Public School - Little Crow Special Education Cooperative - Lutheran Social Services - West Central Community Services Center, Inc.	- Pooled resources - Well developed common philosophy - Unified assessment - Common database - Family participation on advisory committee
Olmstead County **Social Worker with Shared Funding**	- Serve kindergarten thorough grade 3 - Provide early intervention services for young children at risk of mental health disorders - To provide one-on-one counseling, group counseling, referral for out-patient mental health services, play therapy, medication, family-community support	- Olmstead County Social Services - Rochester School Dist. 535 - Olmstead County Children's Mental Health Coordinating Council - Zumbro Valley Mental Health Center - Mayo Clinic - Olmstead Medical Group - YMCA Family Resource Center	- Written agreement - Shared power - Common philosophy - Unified approach to assessment - Some flexible funds

* Follow up with on-site interviews.

Family Preservation Integration Projects:

Children's Mental Health

COUNTY AND PROJECT NAME	PROGRAM GOALS	COLLABORATING AGENCIES	DISTINGUISHING FEATURES
Pennington County **Children's Local Coordinating Council**	- To serve children up to age 18 with mental health needs - Help local agencies better coordinate their services; re: service provision, funding	- Pennington County Social Services - School districts - Mental Health - Court services - Law enforcement - Hospital/health services - Vocational rehabilitation (DRS)	- Still in planning stage - Not an operating program; an advisory/coordinating council has been established
Todd County **Children's Mental Health Advisory Council**	- Junior high and high school age . - To identify gaps in service to emotionally disturbed adolescents, provide services in the schools, and plan a day treatment program	- Todd County Social Services - County Mental Health Services - School districts - Law enforcement - Public Health	- Schools are lead agency - Still in planning stage, developing united case management plan
Yellow Medicine County **Children's Mental Health**	- School age, kindergarten through secondary - To enhance and improve services to children who need mental health services - To educate the community about children's mental health issues	- Yellow Medicine County Social Services - Countryside Public Health - County Corrections - School districts - Western Human Development Center - Division of Vocational Rehabilitation - Upper Sioux Mental Health Center	- Family participation on advisory committee - Joint venture agreement - Strong commitment to collaboration despite no funding - Still in planning stage

* Follow up with on-site interviews.

Family Preservation Integration Projects

Day Treatment for Emotionally Disturbed Children

COUNTY AND PROJECT NAME	PROGRAM GOALS	COLLABORATING AGENCIES	DISTINGUISHING FEATURES
Benton and Stearns Counties **Benton-Stearns Day Treatment Program**	- To serve severely emotionally disturbed children (4th-12th grades) and their families - Prevent out-of-home placement of EBD kids and prepare them to return to public schools through individual and family therapy and small classroom academic EBD services	- Benton County Social Services - Stearns County Social Services - Central Minnesota Mental Health Center - Benton-Stearns Special Education Coop	- Formal written agreement - Shared philosophy of service and unified approach to assessment - Families involved in plan formulation and decision making - Pooled resources
Clay County **Outreach Center***	- To serve severely, persistently mentally ill children (5th - 12 grades) and their families - To keep children in their homes and communities, provide services in the least restrictive environment (provide in-home services), and to reintegrate them back into their schools as soon as possible	- Clay County Social Services - Moorhead Public Schools - Clay County Local Coordinating Council - Heartland Medical Center - Family Court Services - Clay County Public Health Department - Lakeland Mental Health Center	- Formal written agreement - Free-standing program - Extensive monitoring of agreements - Resources are pooled; county flows money through the schools with shared control of these funds - Pre-service training & orientation - Unified assessments - Family included in all aspects of assessments, plan formulation, and decisionmaking and crisis planning and advisory committee
Isanti County **Interagency Day Treatment Program**	- Serves elementary/secondary ages 8-15 - Day treatment for Level 5 EBD - Provide therapy and family services - Seek least restrictive plan and avoidance of residential treatment - Reintegration into school district of origin in stages with accompanying services	- Isanti, Mille Lacs, Kanabec County Social Services - Eight school districts: Braham, Cambridge, Isanti, Isle, Milaca, Mora, Ogilvie, Onamia and Princeton - Rum River Special Ed. Co-op - Probation - Mental Health Center	- Common philosophy of early intervention - Written agreement among collaborating agencies - Unified assessment - Family involvement; parental advisory committee - Single caseworker per family - Common database
Itasca County **Joining Forces: Children's Mental Health**	- To serve severely emotionally disturbed children (preschool-18 years) and their families to prevent out-of-home placements - To maintain education plan of these children through the summer months so they don't lose ground	- Itasca County Social Services - Itasca County Schools - Community Action Program - Itasca Community College - Head Start - Special Education District - Non-violence group	- Formal written agreement - Located in school building - Shared philosophy of service and shared database - Family involved in assessment plan formulation and serve on advisory committee - Some flexible funds (small amount)
McLeod County **McLeod-Meeker Day Treatment Program**	- Restructures school for older elementary through high school children who have failed in special education programs due to special difficulties, Level 5 EBD - Develop social skills, anger resolution and improve self esteem - Return to school districts of origin	- McLeod and Meeker County Social Services - Crow River Special Ed. Co-op - Meeker/Wright Special Education Co-op - Hutchinson Community Hospital - Probation - Private psychologists	- Formal written agreement - New building site - Standardized assessment forms - Parent support group - Parental involvement
Mower County **Day Treatment Program**	- Elementary age - To assist families with disturbed children to prevent need for placement - Alternative to residential treatment placement	- Mower County Human Services - School districts - Court Services - Public Health - Alternative Treatment Associates	- Still in planning stage - Unified case plan - Case workers very involved in decision-making - In-home services from school district
Scott County **Day Treatment Program**	- Jr./sr. high school age - To provide mental health services to adolescents and their families; help families and children deal with their lives	- Scott County Social Services - School districts - Court Services - County Children's Mental Health - River Valley School District	- Unified assessment - Small caseloads; only 12 in program - Some flexible funds—recreation most frequent use

* Follow up with on-site interviews.

Family Preservation Integration Projects:

High-Risk Families

COUNTY AND PROJECT NAME	PROGRAM GOALS	COLLABORATING AGENCIES	DISTINGUISHING FEATURES
Brown County **Child Protection Teams**	- Pre-school through high school - To coordinate efforts of various agencies to meet needs of families/children under Child Protection	- Brown County Family Services - County Child Protection - Local school district - Court Services - Local police - Public Health	- Has flexible fund of $500 to $1,000 per family from both public and private sources; a "Children's Aid Fund" - Has reduced number of social workers involved to 2 or 3, from about 5 - Developing a team approach - Interagency training
Dakota County **Project Fast Forward***	- Families with children under 18 - To help families become self-sufficient by removing barriers to service, case management, research and development, and use of computers	- Dakota County Community Services - Scott/Carver/Dakota Community Action Program - Dakota County Technical College - Neighbors, Inc. - South Suburban Family Service - Dakota County Housing and Redevelopment Authority - Dakota, Inc. - Inver Hills Community College - Hastings Family Service	- Computerized data base, with unified case plan on line - McKnight Foundation money provides basic funding - Well developed sharing procedures for comprehensive plan - Research on effectiveness available from Wilder Research Center
Douglas County **Crisis Intervention**	- Target children ages 0-18 - To keep families in crisis together and to prevent out-of-home placement - Work with both victims and perpetrators of sexual or physical abuse	- Douglas County Social Services - The Village Family Service Center - Follow-up services arranged, as necessary	- Time limited 4 to 6 weeks - Written agreement - Unified approach to assessment - Family involvement - Intensive home-based services
Otter Tail County **Families First**	- School age children, K-12 - To work toward prevention of out-of-home placement of children	- Otter Tail County Social Services - Becker, Otter Tail and Clay counties - Center for Parents and Children - School districts - Public Health	- Written agreements - Cross-county collaboration - Some flexible funding - Common assessment and referral forms - Regular feedback to counties
Pine County **Child Protection Services**	- To serve multi-problem families with school age children, K-12 - Provide connection between agencies; prevent out-of-home placement of children and decrease stress and risk in at-risk families	- Pine County Social Services - Public Health - Pine County Schools - Tribal Social Services - Five-county Mental Health Center - Adult Social Services - Domestic Abuse Project	- Active outreach - Power shared between schools and human services - Formal written agreement - Families involved in plan formulation
Ramsey County **Project Re-Connect***	- Elementary school age - To prevent child abuse, neglect, chemical abuse, criminal behavior and return to out-of-home placement - High risk court ordered single parents associated with drug dependencies	- Ramsey County Human Services - Ramsey County Community Corrections Department Ramsey County Nursing Services - Institute on Black Chemical Abuse - Wilder Community Assistance Program - Advanced Health Technologies - Wilder Family Service Provider Program	- Comprehensive case plans - Well developed common philosophy - Neighborhood based; free standing program - $500 per family flexible funds - Intensive home-based services - Involvement of families - Exit interviews for evaluation of project
Sherburne County **Elk River Early Intervention Family Based Services Pilot Program**	- Kindergarten and elementary children targeted - Family-based early intervention services for families in pre-crisis and crisis situations - To reduce risk of harm to children - To improve family functioning	- Sherburne County Social Services - Elk River Public Schools - Special Education Co-op - Public Health - The Village Family Service Center	- Use of life management model—brief approach - Culturally appropriate emphasis - Flexible case management - Written agreement with The Village - Use of para-professionals to teach parenting skills

* Follow up with on-site interviews.

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Family Preservation Integration Projects:

Children with Disabilities

COUNTY AND PROJECT NAME	PROGRAM GOALS	COLLABORATING AGENCIES	DISTINGUISHING FEATURES
Chippewa County/Interagency Early Intervention Team	- To serve young children (ages birth to 7 years) with disabilities and their families (handicapped) - To provide coordinated services to young children with disabilities and their families	- Chippewa County Family Social Services - Countryside Public Health - Montevideo Early Education Program - Public schools and Head Start	- Located in school building - Provide in-home services as well as agency services - Formal written agreement - Shared power and responsibility - Unified assessments - Families involved in assessments, staffings, case evaluations, plan formulation - Flexible funds through the county that have wide discretionary usage
Crow Wing County/Interagency Collaboration with Public Schools	- Pre-kindergarten screening - Early identification of emotional, intellectual, physical problems needing special education services - To seek appropriate services	- Crow Wing County Social Services - Department of Education - Local school districts - Special Education Co-op - Public Health - Mental Health Centers	- Mandated program - Written inter-agency agreement - Unified assessment
Renville County/Early Childhood Intervention	- Pre-kindergarten - Early identification of special needs children - Development of Individual Family Service Plans (IFSPs)	- Renville County Social Services - Renville County Public Health - School districts	- Written inter-agency agreement - Mandated program - Common philosophy - Unified approach to assessment - One designated case manager in a trio of workers
Wabasha County/Early Intervention Program	- Ages 0-5 - Early intervention and services to children exhibiting delays or special needs	- Wabasha County Social Services - Five Wabasha County school districts - Special Education Co-op - Wabasha County Public Health	- Goes beyond mandated pre-school screening to include younger children at-risk - Written formal agreement - Unified assessment - Family involvement

* Follow up with on-site interviews.

Family Preservation Integration Projects:

Delinquency

COUNTY AND PROJECT NAME	PROGRAM GOALS	COLLABORATING AGENCIES	DISTINGUISHING FEATURES
Jackson County **Youth Council**	- High school age - To coordinate efforts of agencies to provide services to children in trouble with the law	- Jackson County Social Services - Court Services - Local and county law enforcement - School districts	- Very informal, old (30 years) collaboration - Unified case plan - High level of trust and enthusiasm for collaborative concept
Morrison County **Juvenile Justice Program***	- Enhance psychosocial skills in delinquent youth in secondary schools - Maintain children at home - Accomplish goals in 12-week period	- Morrison County Social Services - Central Minnesota Community Corrections	- Unified approach to assessment - Common philosophy - Use of personal effectiveness model - Contract for services with community agency using brief intensive services model

* Follow up with on-site interviews.

Family Preservation Integration Projects:

Dropout Prevention for High School Students

COUNTY AND PROJECT NAME	PROGRAM GOALS	COLLABORATING AGENCIES	DISTINGUISHING FEATURES
Grant County **SELF: Support for Emancipation and Living Functionally**	- Secondary school age - To improve life skills of adolescents leaving foster home care - To prepare foster home adolescents for independent living	- Grant County Social Services - Mn. Concentrated Employment Services - West Central Community Action - Mental Health Center - School districts - Public Health - Housing - Corrections	- Some pooled resources, but federal funding the mainstay - Wide variety of agencies involved - Has reduced the number of social workers; now only about 2, instead of 4 or 5 - Flexible funds ($500) available
Polk County/ **Area Learning Center**	- High school age - Provide alternative education for dropouts to enable them to finish high school - Provide services to Hispanic youth (ESL)	- Polk County Social Services - Regional Education Cooperative - Public schools - U of M—Crookston - Corrections - ECFE - Job Services - Migrant health - Legal Aid	- Teachers in program funded by corrections - Pooled resources including money and staff - Planning for co-location of some services (EA and Area Learning Center)

* Follow up with on-site interviews.

APPENDIX C

COMMON TERMS CHART

Department of Education	COMMON TERMS	Department of Human Services
...distorted interpersonal relationships ...a pattern of inability to build or maintain satisfactory interpersonal relations...	INTERFERES WITH CHILD/YOUTH'S INTERPERSONAL RELATIONSHIPS	...seriously limits a child's...personal relations
...adversely affects educational performance... ...a pattern of failure to attain or maintain a satisfactory rate of educational progress...	INTERFERES WITH CHILD/YOUTH'S LEARNING	...seriously limits a child's capacity to function...school and recreation...
...severely disordered thought processes manifested by unusual behavior patterns, atypical communication styles... ...severely disordered thought processes...	DISORDER OF THOUGHT, MOOD, ATYPICAL COMMUNICATION	...a clinically significant disorder of thought, mood...
...an appropriate DSM-III-R diagnosis...	DSM-III-R DIAGNOSIS	...listed in specific code ranges of...Diagnostic and Statistical Manual of Mental Disorders, current edition
...diagnosis of an emotional disorder made by an appropriately licensed mental health professional...	LICENSED MENTAL HEALTH PROFES-SIONAL DIAGNOSIS	...determined by a mental health professional...
...severely aggressive...	AGGRESSION	...risk of harming self or or others as a result of...
...pervasive unhappiness, depression...	DEPRESSION	...clinical depression...
...self-mutilation...	SELF ABUSE	...risk of harming self...

The purpose of this chart is to show the overlap in language that is used between two agencies. This type of structure can be a beginning to building a common language base from which multiple agencies can operate.

Source: Children's Mental Health, Overview of the Minnesota Comprehensive Children's Mental Health Act, State Department of Human Services, 1993, p. 5.

APPENDIX D

PROTOTYPE OF A FAMILY PRESERVATION INTEGRATION PROJECT FOR SCHOOL-AGE CHILDREN: PROGRAM FEATURES FOR A PROJECT OF THIRTY-FIVE FAMILIES FOR A PERIOD OF ONE YEAR

Getting Started

The announcement of a fresh pot of money will inevitably draw a hum of attention. In almost every jurisdiction there exists a network of personnel from the education, juvenile corrections, mental health, and the public and private sectors of the social services that have established informal connections. To activate this network in response to a "request for proposal" requires the leadership of one or two persons willing to take the initiative and bring the group together. Leadership may generally come from middle management (the supervisory or program manager level)—a level that can easily be in touch with the persons at the executive level or with county commissioners. It is important, at the same time, that the leader has the confidence of the front-line staff. The personal characteristics of this leader, who will chair the discussion, are pivotal. The leader must have a personal reputation for integrity, fairness, and effectiveness as well as having a strong base of experience. It must be someone who knows how to get things off the ground. A temperament for negotiating is indispensable. The agenda for discussions will focus on roles, tasks, resources, clients to be served, management, and budget accountability.

Confidence in the chairperson during the planning phase reinforces the political support and commitment to the project that comes from the county commissioner level. Trust in the judgment of the chairperson and the agency representatives will also quicken the structural arrangements that must come from the management or executive level. These arrangements must deal with personnel and budget issues; they clear the way for program development.

Funding

Budgets will range from $100,000 to $500,000 per year, depending on the amount of time contributed, on in-kind consultation, and on variations in the use of funding sources. Among sources that are tapped for a broad range of services for high-risk families, the following are frequently used: state allocations for family-based services, Medicaid, Title XX, special education funds, and foundations. In many jurisdictions local monies may be available through county funds and private contributions. The availability of flexible funds, independent of participating agencies but tied to the administrative unit of the project, is essential.

Staffing Patterns

Family preservation integration projects are labor intensive. The staffing pattern for serving a caseload of thirty-five families is suggested here along with the number of full-time or half-time positions needed. Projects often use split positions if they are serving more than one school.

- school liaison (1)
- county social services worker (1)
- mental health worker (1)
- supervisor of family preservation worker (1)
- probation officer/juvenile court (1)
- family preservation worker (2)
- resource coordinator (.5)
- public health nurse (.5)

In addition, some services may be obtained through contracts.

- chemical dependency counselor
- group therapy for children
- parent education

The project will also need some support staff.

- secretary
- program manager
- accountant

Articulating the Goal

The goal and values of an integration project should be reinforced throughout the project. The following values are central to any project that is dedicated to improving the life of families and children.

- Focus on a family-centered service.
- Assure cultural sensitivity.
- Involve the family and, if appropriate, the child in developing the family's comprehensive plan.
- Simplify the bureaucratic entanglements of multi-problem families.

The Planning Phase

Planning time (three to six months) will be shortened if credibility and trust exist as a legacy from previous experiences of working together. In most jurisdictions, there is a history of teaming experiences: sitting together in councils and on advisory groups, working together on a variety of collaborative tasks. This provides the springboard for an open exchange of ideas and a brisk walk through the planning period.

Conceptual Tasks

- Develop a unified understanding of the project.
- Establish processes for building trust at the beginning of the planning phase. These include:
  - Training across agency boundaries. Training should occur at systematic intervals (at least biannually) on issues commonly identified as troublesome.
  - Clearly define the niche of each participating agency.
  - Articulate overarching values.
- Establish procedures for three levels of authority to strengthen support for a unified understanding of the project. These should include:
  - Quarterly meetings of executive authorities such as school directors and county commissioners to review policy and budget issues.
  - Monthly meetings of middle management to supervise and monitor the ongoing project.
  - At least weekly meetings of front-line workers engaged in the delivery of services to children and families.
- Establish procedures for negotiating misunderstandings and conflicts.
- Establish systematic case reviews and staff meetings to clarify and reinforce the unified approach to the family.

Administrative Tasks

- Establish budgetary, personnel, and reporting procedures. This should be done at the administrative level.
- Establish methods to minimize complex paperwork resulting from reimbursement procedures and accountability requirements. This should be done by middle management in consultation with front-line workers.
- Include the flexibility to move budget items, as needed, with minimum hassle.
- Include a budget item for evaluation.
- Develop common eligibility forms and definitions across agencies.
- Establish data-sharing procedures. Legal consultation on the parameters of privileged information can assure that both the limits and the extent of sharing information are clear.
- Written agreements should be drawn up to cover personnel practices, reimbursement procedures, supervision, advisory committees, and reporting procedures.
- The Minnesota Department of Human Services should be available to counties for technical assistance on integration projects.

Practice Guidelines

- Front-line workers, in consultation with middle management, should identify the lead person to direct the project.
- Develop a common assessment form.
- "Family workers" or "family therapists" should be a central part of the staffing to assure intensive and supportive services to families. Whether such services are available through a contract or are part of the existing staff services of the linked agencies will depend on local circumstances.
- Assure family involvement from assessment through the development and implementation of a case plan. Planning a family representative on an advisory committee is preferable, as well.
- In a case management model, the family should have the option of choosing the lead person for their plan.
- Supervision of front-line workers needs to be assured. It is possible that a peer model can be useful.
- A collegial environment should be encouraged.
- A weekly staff meeting is essential.
- Cultural sensitivity should be reflected in both staffing and services.

Evaluation

- Institute periodic review of the project, with findings used to improve the program.
- Include families, and where appropriate, children, in evaluating services.
- Arrange for exit interviews from participants.
- Record changes in child and family functioning.
- Conduct follow-up studies.

Linking the Project to "Home" Agencies

- Share results of progress, problems, and problem-solving with home agencies on a regular basis.
- Involve the executive and administrative levels of the project in identifying problems, especially the need for services that are not already available.
- Consider how to extend services to underserved families.
- Share the positive findings of the project.
- Encourage exploration of how to change existing service delivery.

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